

Name
in
Full

Ross Appleby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Linden</u>		Town	County <u>Montgomery</u>		MARYLAND		
Date of death <u>1960</u>	Month <u>1</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>14</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Linden Md</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Marion L. Appleby</u>	Father's Birthplace <u>Montgomery Co</u>						
Mother's Maiden Name <u>Erica Timothy</u>	Mother's Birthplace <u>Manchester Eng.</u>						
Name of person giving information <u>M. L. Appleby</u>	How related to deceased <u>father</u>						
CAUSES OF DEATH							
Primary <u>Inanition</u>	89						
Immediate <u>Bronchitis</u>	✓						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long since birth			
<u>yes</u>		<u>John Eighth M. L.</u>		<u>4 days</u>			
				<u>Fresh S. L.</u>			

PHYSICIAN
OR CORONER

Accident or Suicide?

2

William McGregor Ash

CERTIFICATE OF DEATH

Died at Hoodsidge

Town

County

MARYLAND

Date
of death1900 Jan

Month

Day

Years

Age

64

Months

6

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Pa.

Occupation

Department Clerk

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sophia Almondeon Single

Father's
Name

Joseph Ash

Father's
Birthplace

Pa.

Mother's
Maiden Name

Elizabeth McGregor

Mother's
BirthplaceScotland
WhiteName of person giving
Information

Sophia Ash

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Valvular Disease of Heart

Beginning

Several yrs.

Immediate

Syncope

How long

A few days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. T. Brown

Yes.

Address

Silver Spring

Accident or Suicide?

2

Name
in
Full

Patrick Alton Bamroley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Alney

Town

Date
of death

1900

Month

1

Day

22

Age

County

Montgomery Co.

Months

9

Days

15

Sex Male

Color or
Race

White

Birth-
place

Alney Md.

Occupation

Sergeant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Louis H. Bamroley

Father's
Birthplace

Alney Md.

Mother's
Maiden Name

Eva V. Brill

Mother's
Birthplace

Satonsela Md

Name of person giving
Information

Louis H. Bamroley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Intestinal Indigestion (Acute)

10\$

How long

24 hours.

Immediate

Toxemia & Convulsions

How long

16 hrs.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

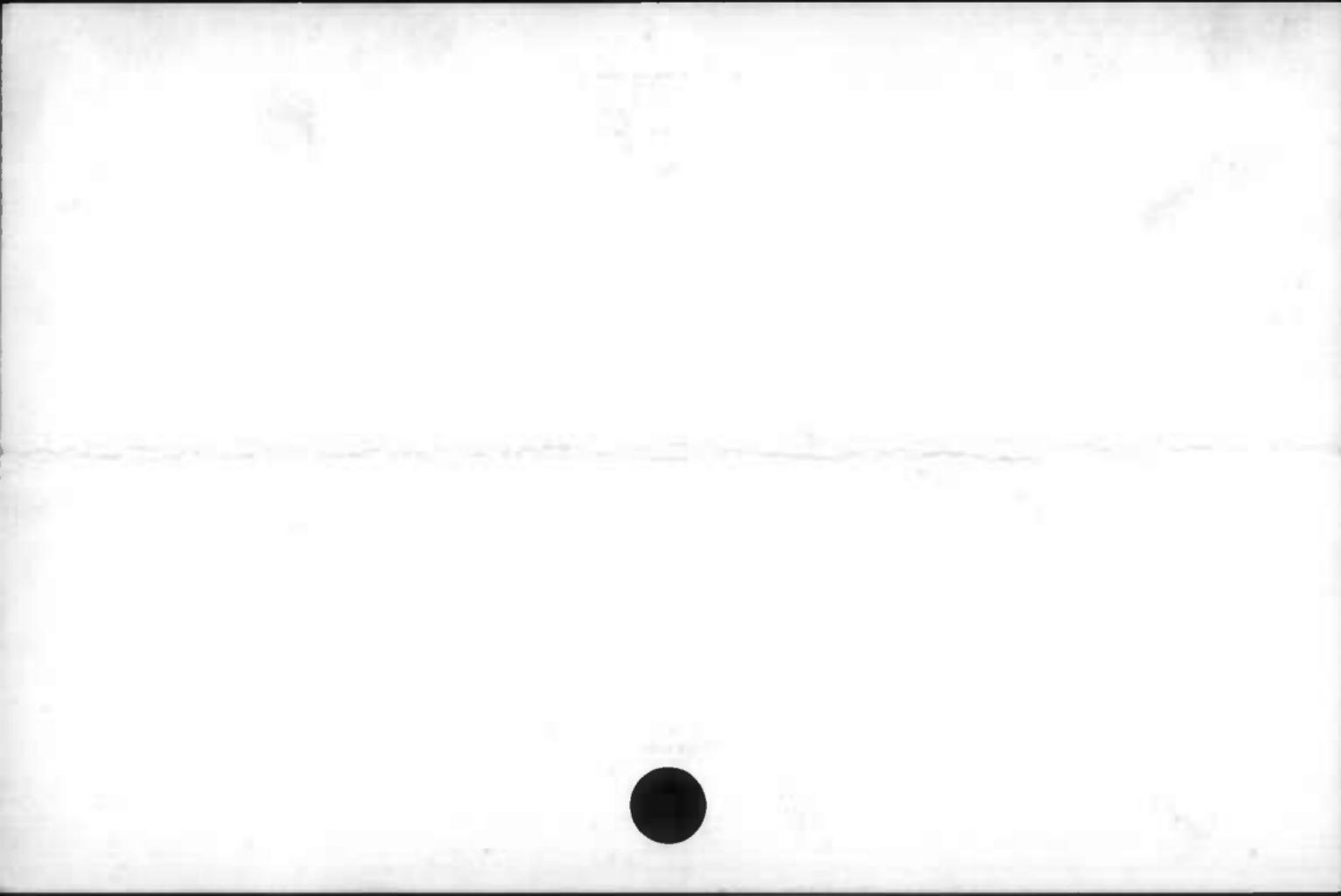
Address

J. W. Reid M.D.

Sandy Spring Md

Accident or Suicide

—



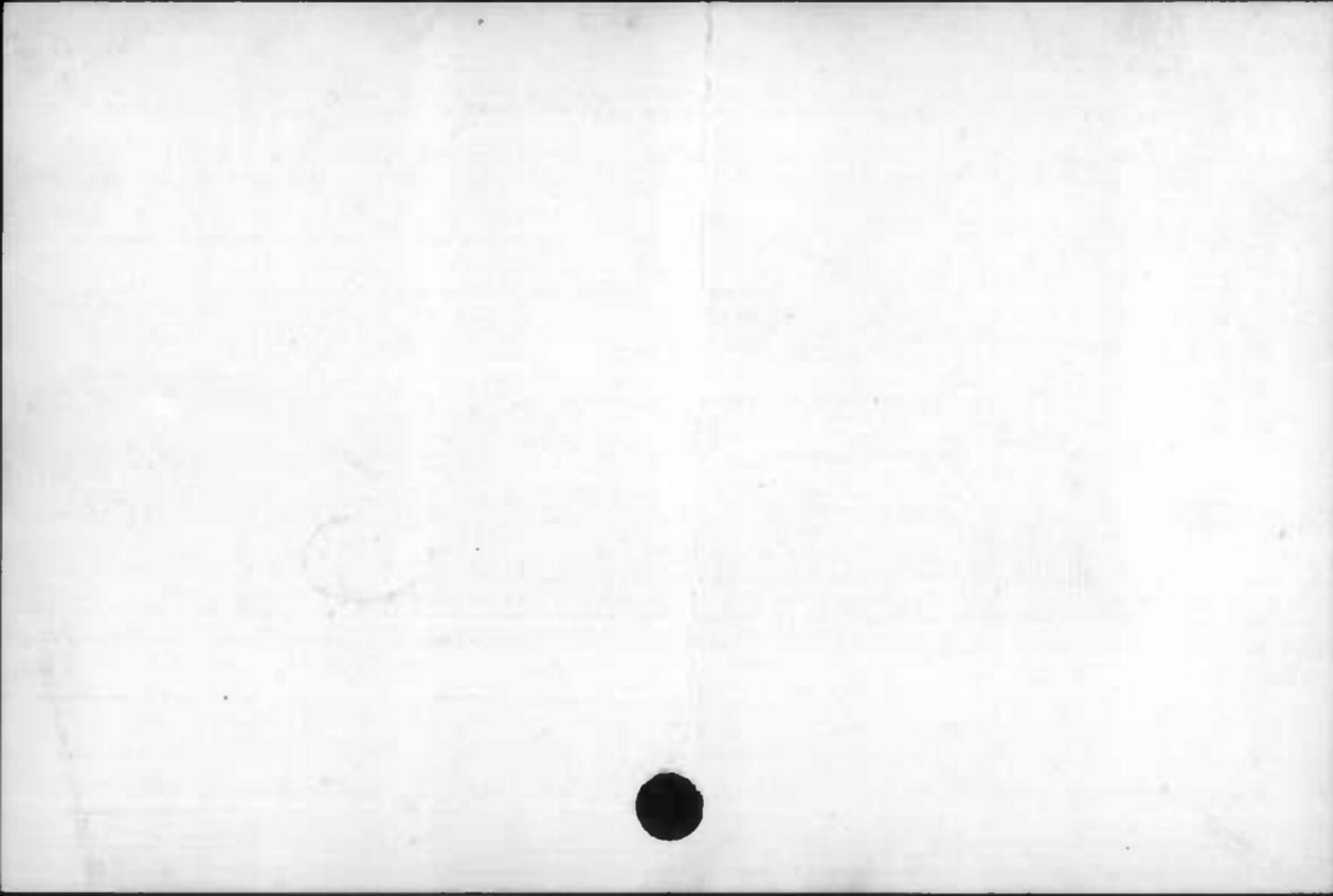
Name
in
Full

Reek and Bean

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Georgetown	Montgomery			
Date of death	1919	Month Jan	Day 2	Age 87	Months 2	Days 1
Sex	Male	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Bean					Father's Birthplace
Mother's Maiden Name	Rachael Barnes.					Mother's Birthplace
Name of person giving Information	Eugene Bean					How related to deceased
CAUSES OF DEATH						
Primary	Cerebral Hemorrhage					64
Immediate	Sen Paralysis					How long 30 hrs.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long " "	
Yes			Address		M. T. Brown Silver Spring Md	
Accident or Suicide?						



Name
in
Full

William E. Bellous

CERTIFICATE OF DEATH

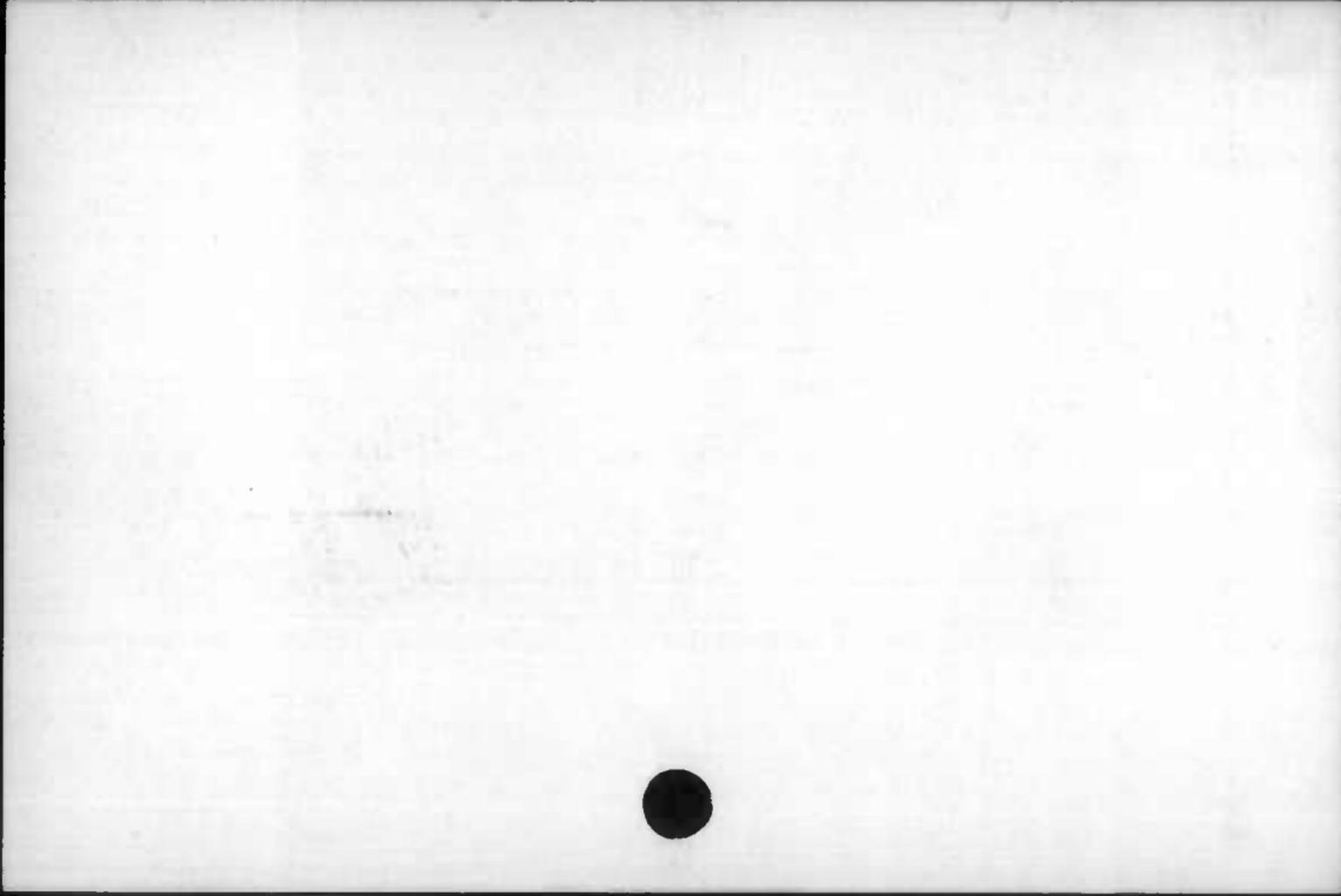
To BE ANSWERED BY
NEAREST FRIEND

Died at Year <u>Sandy Spring</u> Town <u>Sandy Spring</u>		County <u>Montgomery</u>		MARYLAND	
Date of death 19 <u>10</u>	Month <u>Jan</u>	Day <u>3</u>	Years <u>27</u>	Months <u>4</u>	Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth- place <u>ashton Md</u>			
Occupation <u>Farm hand</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Singleton Bellous</u>	Father's Birthplace <u>ashton Md</u>				
Mother's Maiden Name <u>Sarah Agnes Bellous</u>	Mother's Birthplace " "				
Name of person giving Information <u>Mrs. W. Moore Jr</u>	How related to deceased <u>Employer</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Gastritis</u>	103
Immediate <u>Heart Exhaustion</u>	10 days short time
Are the name, age, sex, color, date and place correctly given above? <i>J</i>	Yes
	Signature of Physician <u>G. M. Iddings</u>
	Address <u>Sandy Spring</u>
Accident or Suicide? <i>J</i>	<u>Ma</u>



Name
in
Full

Pauline C. Wilcox Briffeld

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Sudden

Town

County

MARYLAND

Date of death 1930

Month Jan

Day 19

Years

Age 84

Months

5

Days

8

Sex F

Color or Race white

Birth-place London, Eng.

Occupation None

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Thomas Willcock

Father's Birthplace

London, Eng.

Mother's Maiden Name

Mary Ann Willcock

Mother's Birthplace

London, Eng.

Name of person giving information

Grace E. Briffeld

How related to deceased

Granddaughter

CAUSES OF DEATH

79

How long

2 years

How long

Thomas

PHYSICIAN
OR CORONER

Primary

Valvular disease of heart

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

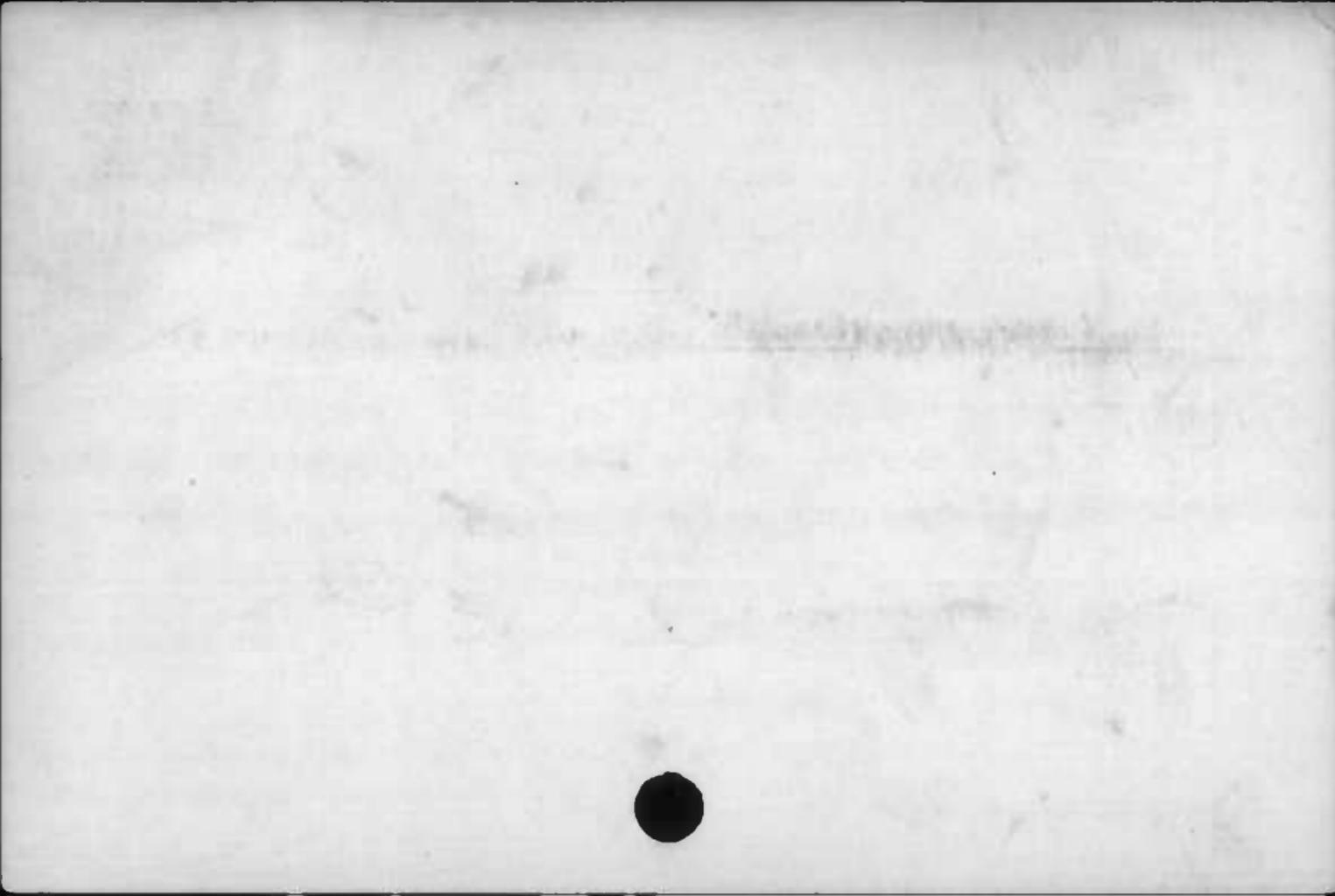
Signature of Physician

Address

Alfred T. Parsons,
Takoma Park, D.C.

8

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry, Bed. Burbage

Town Washington Grove County Montgomery

Died et Died et Month 1 Month 16 Day 16

Date of death 1900 Age 45 Years 0

Sex Male Color or Race White

Occupation Clerk

Married, Single or Widowed Married Name of Wife or Husband

Father's Name John H.

Mother's Maiden Name Jeaney Payne

Name of person giving information Mary. Burbage

CERTIFICATE OF DEATH

MARYLAND

Months 4 Days 7

Birth-place New Church, Va

Where Residing if not at place of death

Newport News

Father's Birthplace Not

Mother's Birthplace

How related to deceased

28

How long several years

How long several years

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

Immediate

Pulmonary tuberculosis

Are the name, age, sex, color, date and place correctly given above?

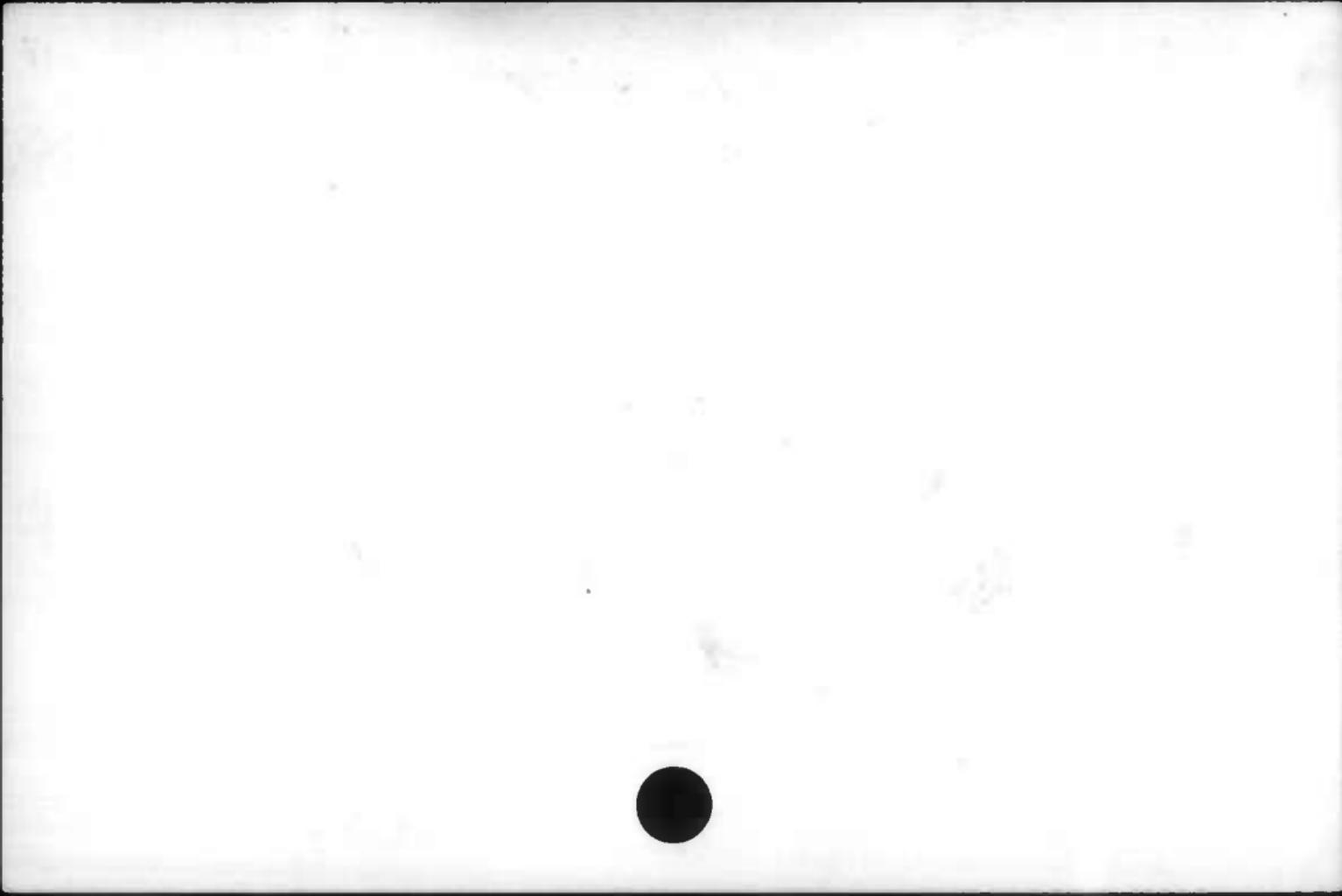
Signature of Physician

Address

John H. Lindsey
Starmont Sanatorium
Washington Grove, Md

Accident or Suicide

Apparently No



Name
in
Full

John Walter Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Polomac.

County

Maryland

MARYLAND

Date
of death 190

Month

JAN 6 - 1910

Day

Age

68

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland Md.

Occupation

Farmer

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married.

Name of Wife or
Husband

Laura Rebecca Thrift

Father's
Name

Walter Addison Carroll

Father's
Birthplace

Prince George Co. Md.

Mother's
Maiden Name

Susie Henrietta Crote

Mother's
Birthplace

Prince George Co. Md.

Name of person giving
Information

Walter S. Carroll

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Cirrhosis of the Liver

1/3

How long

17 years.

Immediate

Ascites and Peritonitis

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W.J. Pratt.

Polomac, Md.

Accident or Suicide

X





Name
in
Full

Mary L Carter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

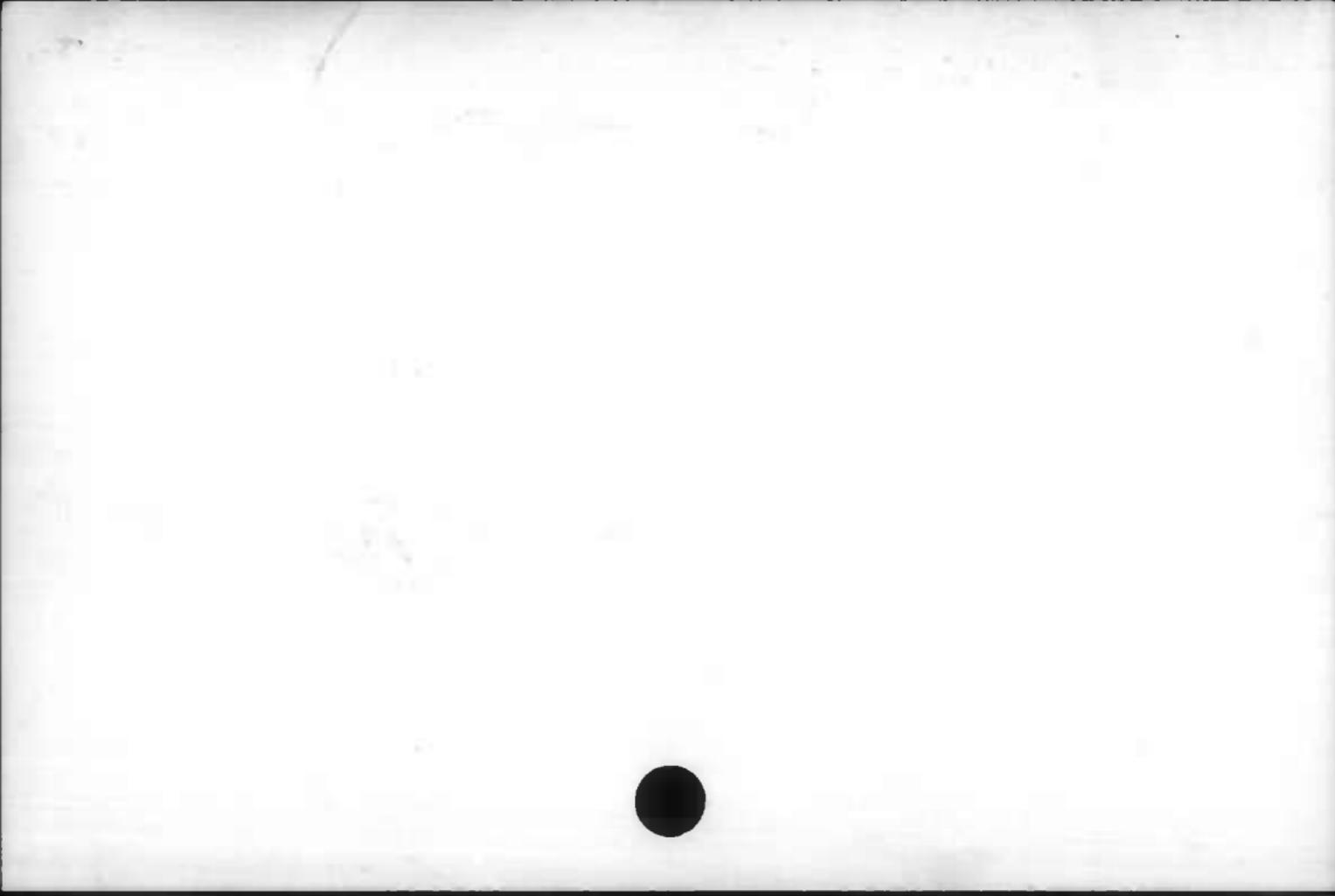
Died at		Town	County		MARYLAND	
Date of death 190		Month Jan	Day 29	Years 38	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Montgomery Co
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	George Carter		Father's Birthplace	Montgomery Co
Father's Name	Matthew Dyeon					
Mother's Maiden Name	Sarah Dains		Mother's Birthplace "			
Name of person giving Information	Eliza J Snowden		How related to deceased			
CAUSES OF DEATH						130
Primary	Suppurative Endometritis		How long			
Immadiata	Peritonitis		one month			
Are the name, age, sex, color, date and place correctly given above ?			How long			
Yrs			2 weeks			

Signature of Physician

Address

Vernon H Dyeon
Laytonsville
Montgomery Co

Occident or Suicide



Name
in
Full

Florence Virginia Cessel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Fairland	Montgomery		10	Months	3 Days
Date of death 1940	Month Jan	Day 8	Age 35	Years	
Sex Female	Color or Race White	Birth-place Md.			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Celia Cessel	Father's Birthplace Md.				
Mother's Maiden Name Mary Virginia Shanding	Mother's Birthplace "				
Name of person giving Information Ryde Hopkins	How related to deceased Uncle				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 yrs

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes.

Address

H. T. Brown,
Silver Spring
Md.

Accident or Suicide?

Name
in
Full

Sarah M. Chafin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Kensington

Date of death 1960 Jan

Month

Day

Years

County
Mmz7

MARYLAND

Months

Days

Age 80

11 -

25

Sex Female

Color or
Race

white

Birth-
place

England

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

widow

Name of Wife or
Husband

Henry Chafin

Father's
Name

George Mallalieu

Father's
Birthplace

England

Mother's
Maiden Name

Anya Mallalieu

Mother's
Birthplace

England

Name of person giving
Information

Chas E. Brundthoff

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Sa Grippe

10

How long

10 days

Immediate

Pneumonia + asthma

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yrs

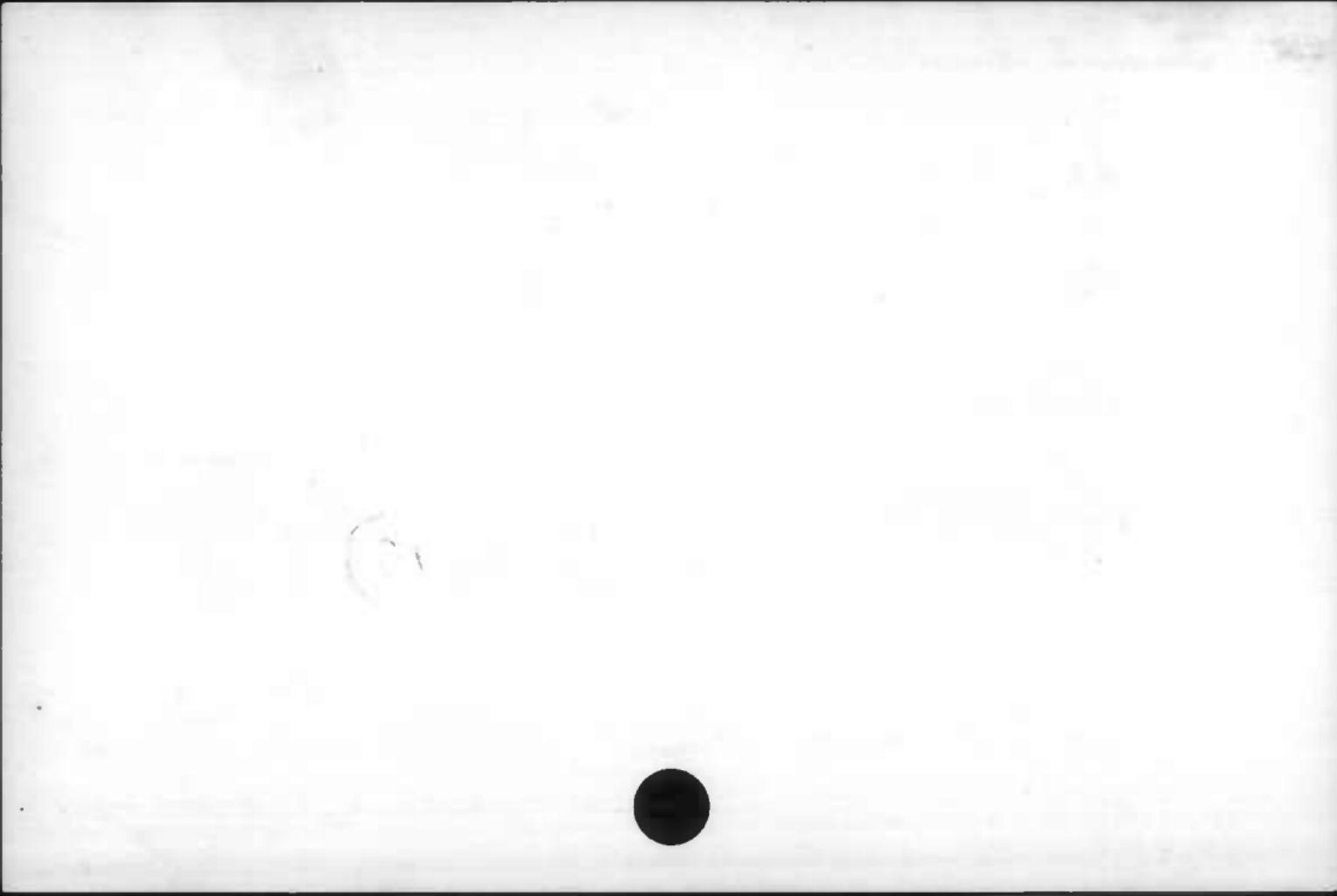
Signature of
Physician

Address

W. D. Lewis M.D.
Kensington
Md

Accident or Suicide

No.



Name
in
Full

Jesia J. Elagett.

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Burkville Town Montgomery County MARYLAND
Date of death 1900 Month 1 Day 24 Years 65 Months 9 Days 14
Sex Female Color or Race White Birth-place Rockville Md
Occupation Home Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thomas Elagett.

Esther's
Birthplace

Seven.

Mother's
Maiden Name

Jean Maria Elagett

Mother's
Birthplace

Gwynedd Co. C.

Name of person giving
Information

Mrs Grafton Holland

How related
to deceased

Niece.

CAUSES OF DEATH

Primary

Solar Pneumonia.

93

✓

Immediate

Heart Failure

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yrs

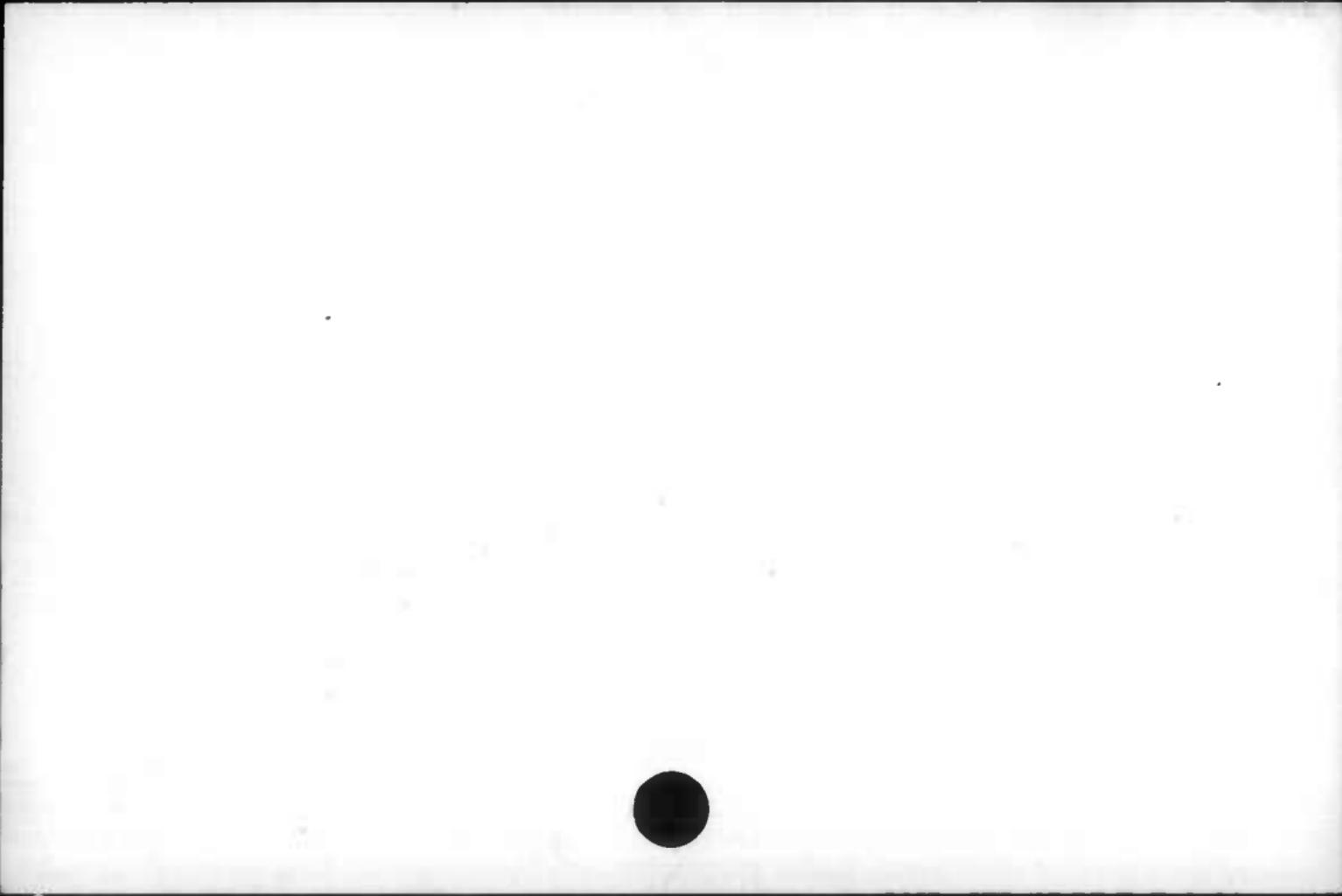
Signature of
Physician

Address

J. W. Bird M.D.
Sandy Spring,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Kingsington Town Kingsington County Maryland
Date of death 1960 Month Jan Day 31 Age — Years — Months 1 hr
Sex Female Color or Race white Birth-place Md
Occupation — Where Residing if not at place of death Jamm
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Dan L. Clark Father's Birthplace Md
Mother's Maiden Name Hattie Hardisty Mother's Birthplace Md
Name of person giving Information D. L. Clark How related to deceased Father

CAUSES OF DEATH

Primary

Premature birth - 6 mo.

151

How long

Immediate

Asthma

1 hr

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. L. Clark
Kingsington

Accident or Suicide no

Name
in
Full

Mary M. Crane

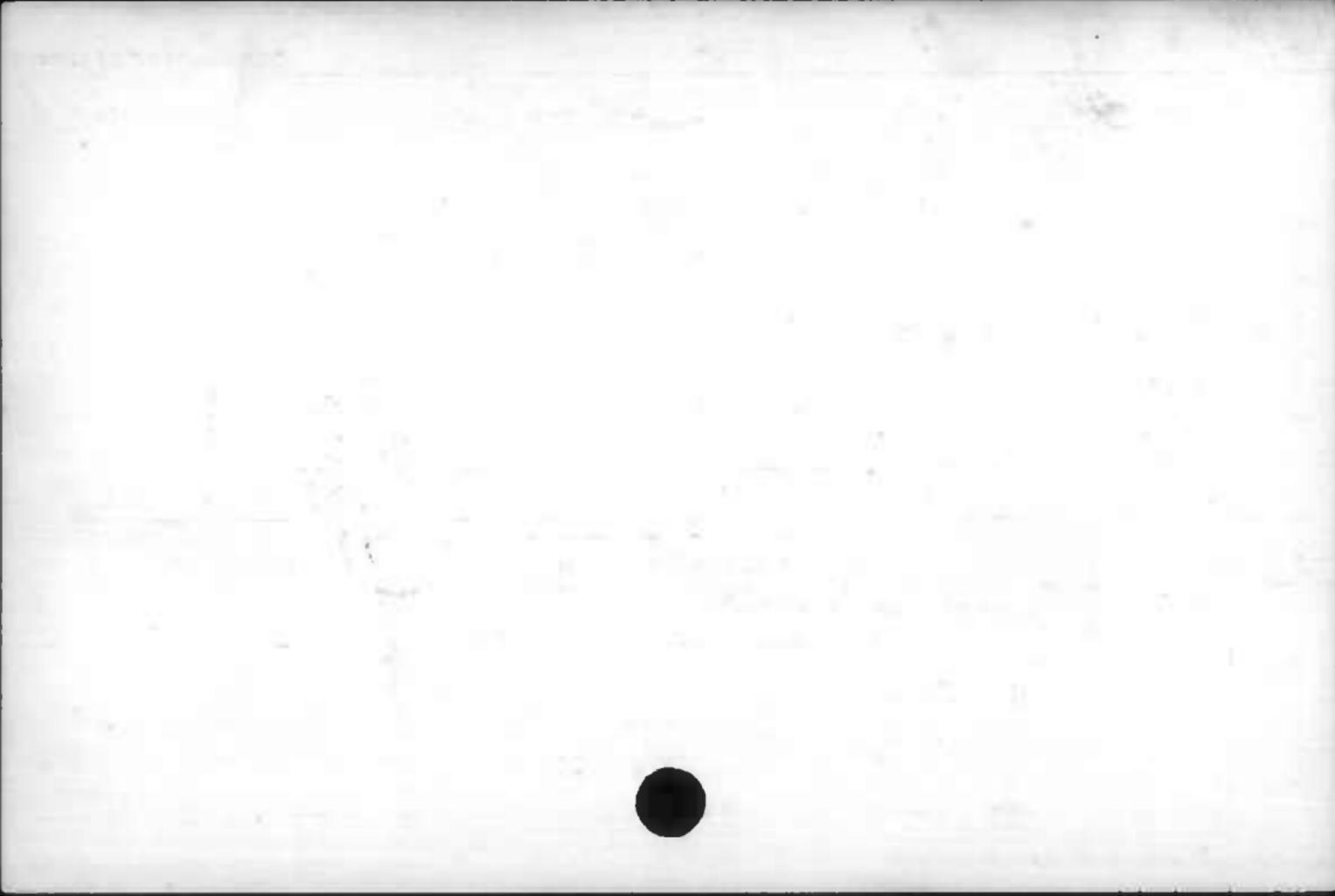
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Randolph	County	MARYLAND
Died at	Randolph	Randolph	
Date of death	1910	Month	July
	3 rd	Day	3 rd
		Years	75
Age		Months	X
		Days	X
Sex	Female	Color or Race	white
Occupation	Nurse	Where Residing if not at place of death	X
Married, Single or Widowed	Widow	Name of Wife or Husband	Doris Lewis
Father's Name	Doris Lewis	Father's Birthplace	o:1
Mother's Maiden Name	Doris Lewis	Mother's Birthplace	o:1
Name of person giving information	Jaco Ester	How related to deceased	Daughter
CAUSES OF DEATH			
Primary	Subacute		
Immediate	Typhoid		
Are the name, age, sex, color, date and place correctly given above?	75	Signature of Physician	O. M. Luthi
		Address	Roeddeker

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full				CERTIFICATE OF DEATH			
Died at <u>Gaithersburg</u> County <u>Montgomery</u>				MARYLAND			
Date of death 190	Month Jan	Day 10	Age 67	Month 8	Days 24	Birth-place <u>Bladensburg</u>	Where Residing if not at place of death <u>Gaithersburg</u>
Sex Male	Color or Race White						
Occupation Retired Merchant							
Married, Single or Widowed Married	Name of Wife or Husband <u>Amanda E Darby</u>						
Father's Name <u>Edwin Darby</u>	Father's Birthplace <u>Don't Know</u>						
Mother's Maiden Name <u>Sarah Holloman</u>	Mother's Birthplace <u>Don't Know</u>						
Name of person giving Information <u>Ira Darby</u>	How related to deceased Son						
CAUSES OF DEATH							
Primary <u>Chronic Rheumatism</u>	How long <u>5 years</u>						
Immediate <u>Exhaustion</u>	How long <u>1 week</u>						
Are the name, age, sex, color, date and place correctly given above ?	Signature of Physician	<u>T. C. Litchison</u>					
	Address	<u>Gaithersburg</u>					
Accident or Suicide	<u>MD</u>						



Name
in
Full

Sarah Elizabeth Darby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Month
Sex	Color or Race	Age	Days	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			
CAUSES OF DEATH				151

PHYSICIAN
OR CORONER

Primary

Premature Birth not advanced to more than $6\frac{1}{2}$ months
caused by mother having Pneumonia

Immediata

Obstruction

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide

Signature of Physician

Address

422

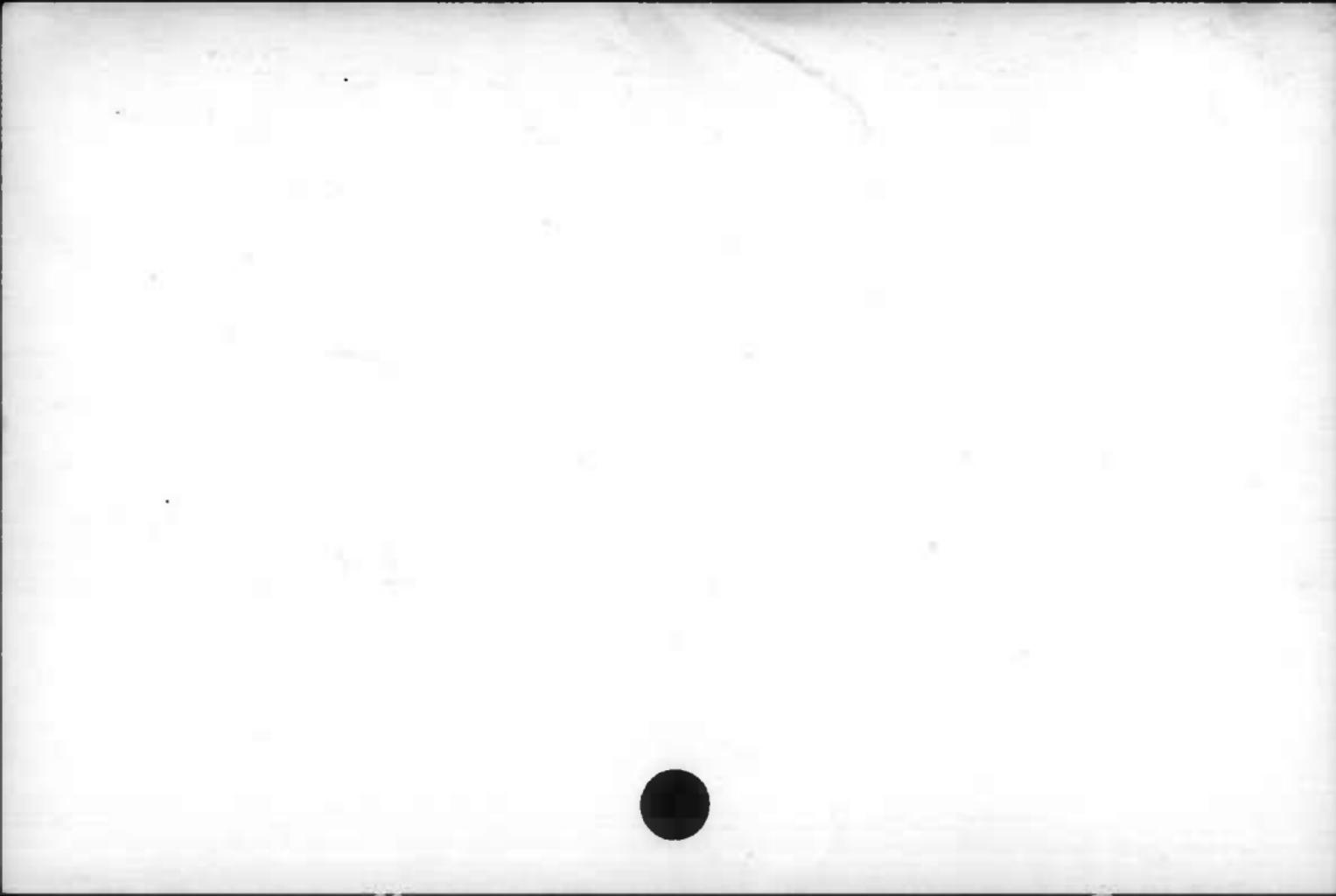
W H Dyeon

Laytonsville
Montgomery Co

How long

How long

$1\frac{3}{4}$ days



Name
in
Full

Anna F. Hays

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

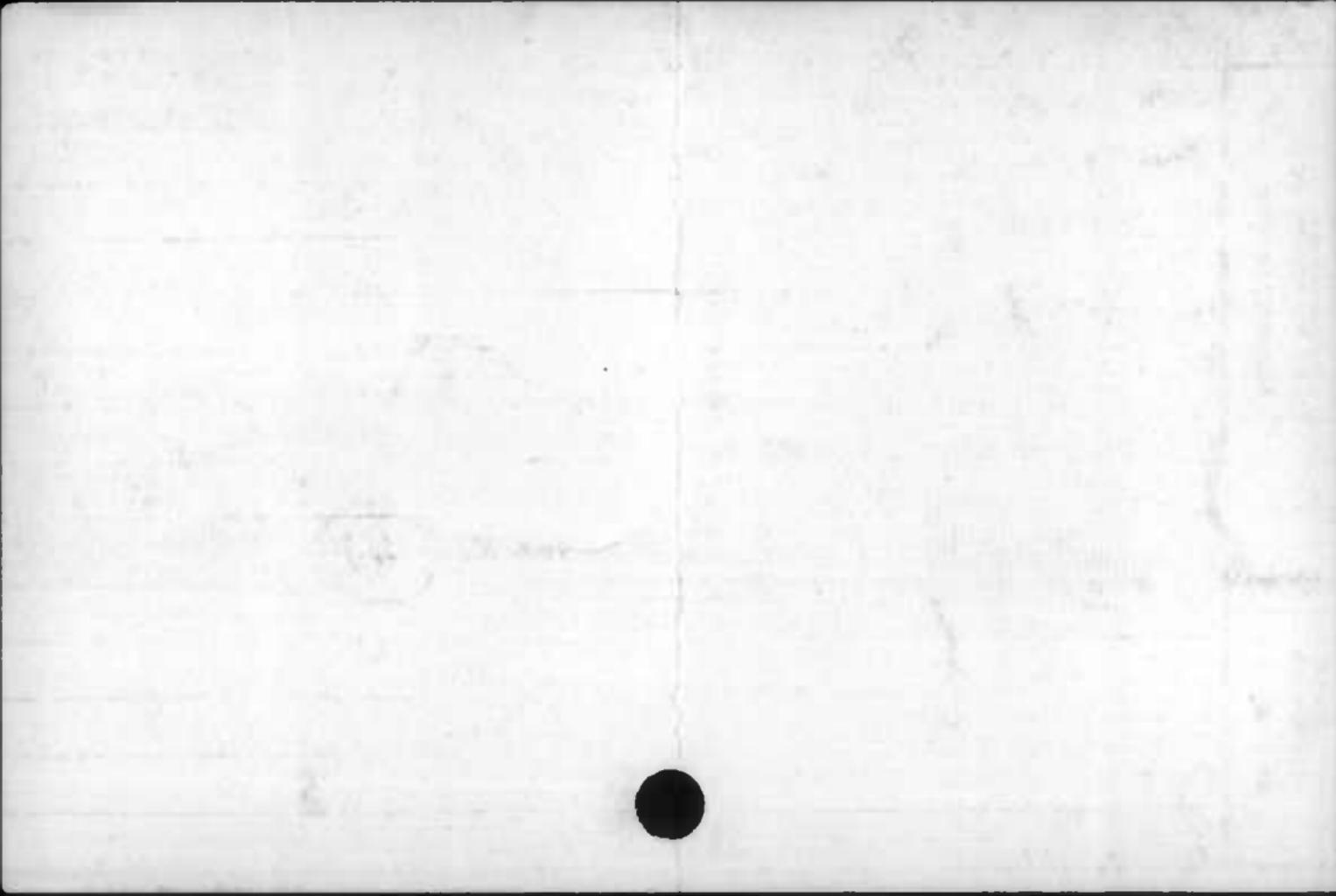
Died at Rockville		County Montgomery		MARYLAND		
Date of death 1960	Month 1	Day 11	Age 76	Years 1	Months -	Days -
Sex Female	Color or Race White	Birth-place Montgomery Co., Md				
Occupation Housewife	Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed Widow	Name of Wife or Husband Edward L. Hays					
Father's Name Henry B. Waring	Father's Birthplace Gwynedd, L. G.					
Mother's Maiden Name Rachel Clapper	Mother's Birthplace Baltimore, Md.					
Name of person giving information Josephine Waring	How related to deceased					

CAUSES OF DEATH

Primary Cancer of stomach & intestines	How long 40 <input checked="" type="checkbox"/>
Immediate Obstruction	How long Two years
Are the name, age, sex, color, date and place correctly given above? Yes	How long One week

PHYSICIAN
OR CORONER

J	Signature of Physician Edward Anderson M.D.
Address Rockville, Md.	
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Lindley Town Montgomery County
Date of death 1910 Month Jan Day 31 Years 17 Months 10 Days 3
Sex Female Color or Race Blacks Birth-place Md
Occupation None Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Ed. Johnson Father's Birthplace Da
Mother's Maiden Name Maggie Johnson Mother's Birthplace Da
Name of person giving Information Albert Harris How related to deceased no relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of the lungs

27

How long

Da year

Immediate

Tuberculosis lungs

How long

Da year

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

yes

Eugene Jones
Kensington

Accident or Suicide

no

Name
in
Full

Aloysius Journeal

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1910	Month Jan	Day 14	Year 29	Months	Days
Sex	m	Color or Race	white	Birth-place	Ile.	
Occupation	Stone Cutter		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or	Catherine		
Father's Name	Randolph Journeal		Father's Birthplace	Ile.		
Mother's Maiden Name	Margaret Fitzgerald		Mother's Birthplace	Ile.		
Name of person giving information	William Journeal		How related to deceased	Brother		
CAUSES OF DEATH						
Primary	Phthisis pulmonalis		28	V		
Immediate	Expansion		How long	one year		
Are the name, age, sex, color, date and place correctly given above?			How long	one week		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Alfred Parsons
Takoma Park, Ile.

Accident or Suicide?

Mr Rogers

Talostello

Mr. Woods -
Regina, Saskatchewan, Canada, 1912

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph C. W. Korn

Town
Died at Near Tumplown County
Montgomery

MARYLAND

Date Month Day Years Month Day
of death 1900 Jan 6 79

Sex Male Color or
Race White

Birth-
place Ma

Occupation Retired

Where Residing if not
at place of death

Married, Single
or Widowed Widowed Name of Wife or
Husband

Florence Tump

Father's
Name Joseph Tump

Father's
Birthplace Md

Mother's
Maiden Name Lester Ann Day

Mother's
Birthplace Ma

Name of person giving
Information Edith Baker

How related
to deceased Daughter

CAUSES OF DEATH

Primary Haemis Coma

120

How long

✓

Immediate Pulmonary edema

4 days
8 hr

Are the name, age, sex, color, date
and place correctly given above?

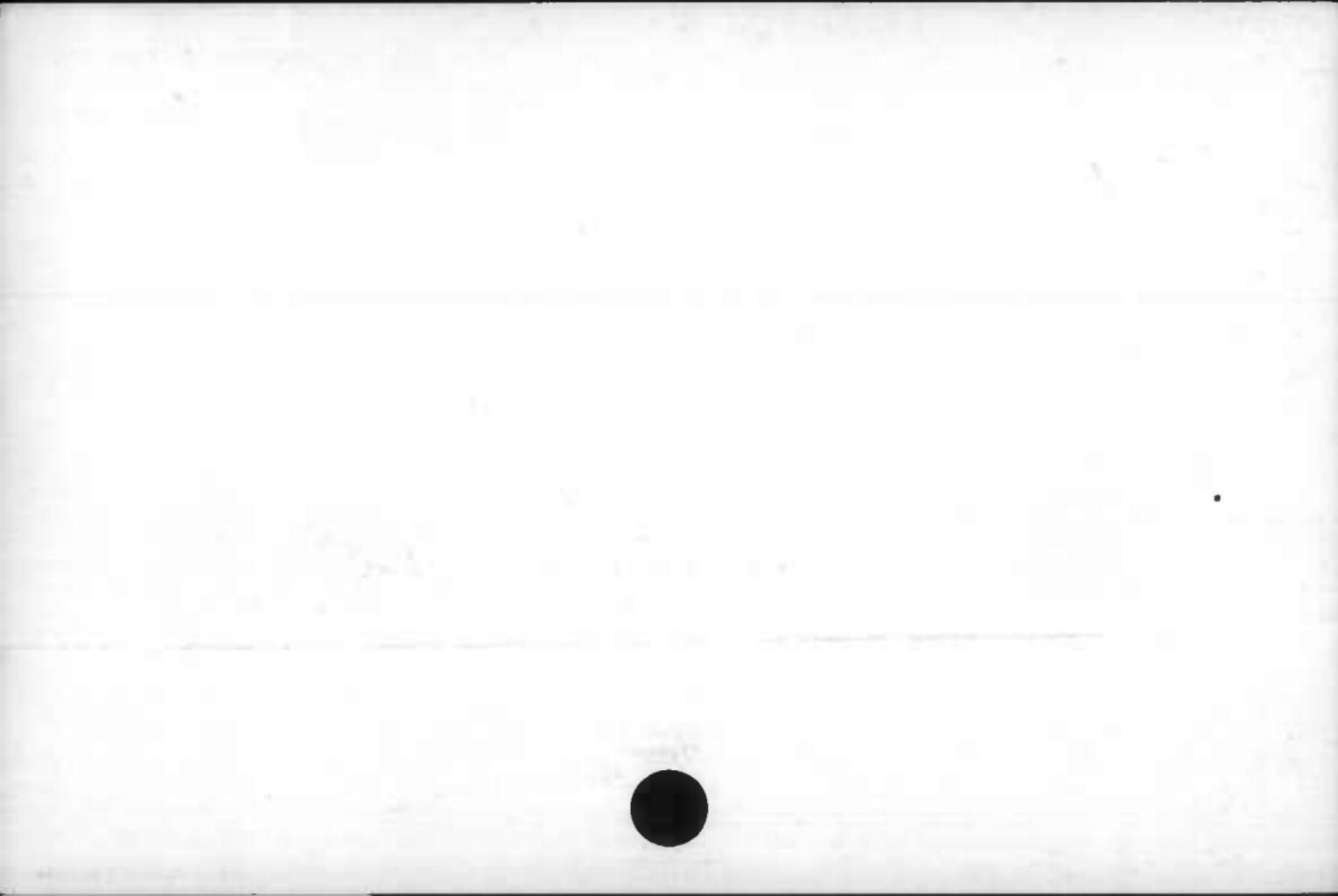
yes

Signature of
Physician

Address

JB Faed M.D.
Tumplown
Md.

Accident or Suicide



Name
in
Full

Mrs. Edith A. Kilpatrick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		To		County			
Frederick Heights, Bethesda, Montgomery							
Date of death	1940	Month	Jan.	Day	21.	Years	30
Sex	Female	Color or Race	White, American		Months	3	Days
Occupation	Housewife		Where Residing if not at place of death		Birth-place		New York City
Married, Single or Widowed	Married		Name of Wife or Husband		Father's Birthplace		New York City
Father's Name	William B. Giles		William B. Kilpatrick		Mother's Birthplace		"
Mother's Maiden Name	Annie Z. Drcker				How related to deceased		Husband
Name of person giving information	W.B. Kilpatrick						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary and coronary tuberculosis

How long

One year

Immediate

Cardiac asthma

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

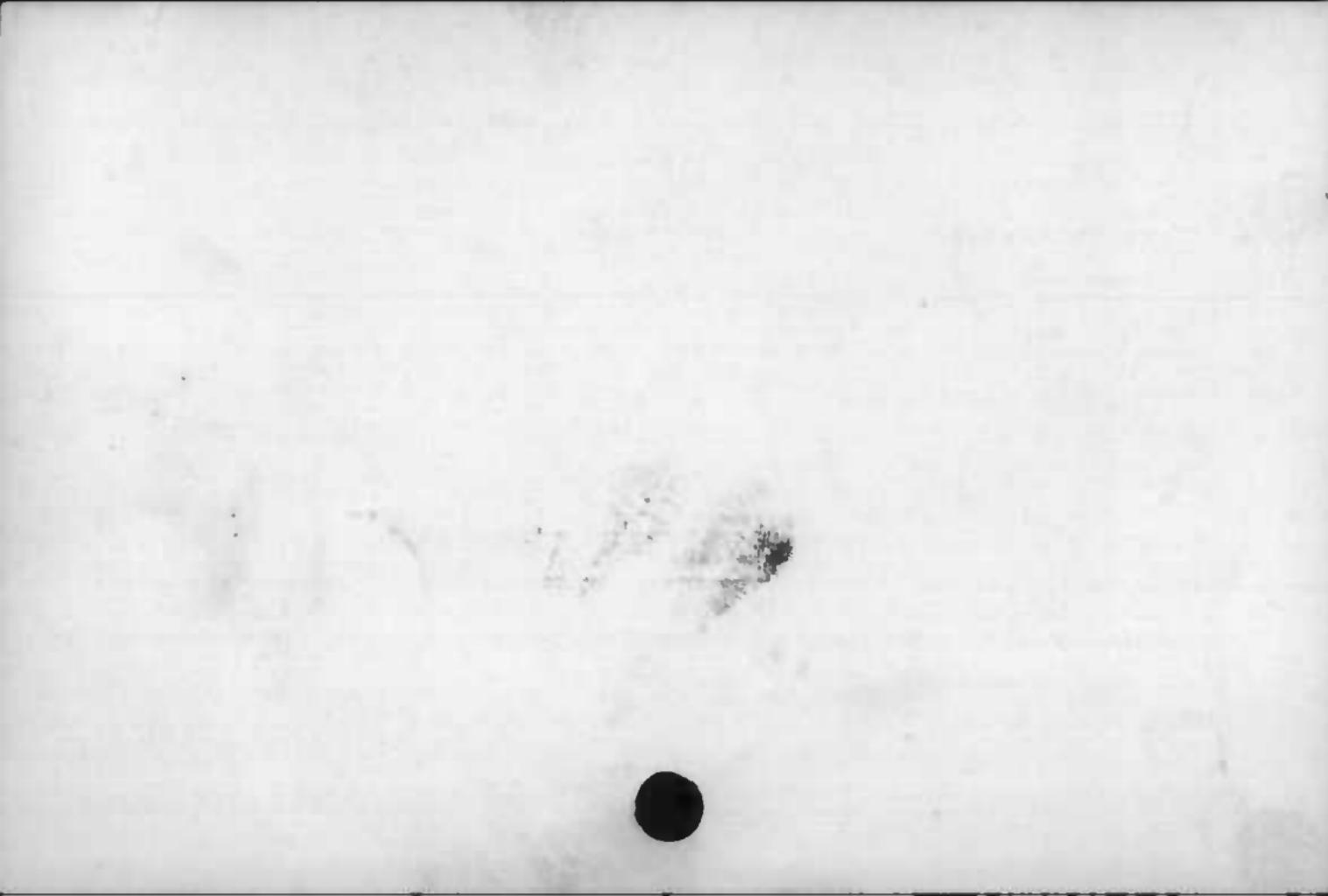
Signature of Physician

Address

W.R. Moulden

Bethesda, Md.

Accident or Suicide?



Name
in
Full

no Name

Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

cloppers

Town

Date

of death

1960 Jan

Month

Day

10

Age

Years

Months

Days

MARYLAND

21

Sex

Female

Color or
Race

colored

Birth-
place

cloppers

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Zamuel V Lee

Father's
Birthplace

cerberus
Prince

Mother's
Maiden Name

Burgie A Campbell

Mother's
Birthplace

Germontown

Name of person giving
Information

Heather

How related
to deceased

None

CAUSES OF DEATH

Primary

unknown

199

How long

14 hours

How long

Immediate

11

Are the name, age, sex, color, date
and place correctly given above?

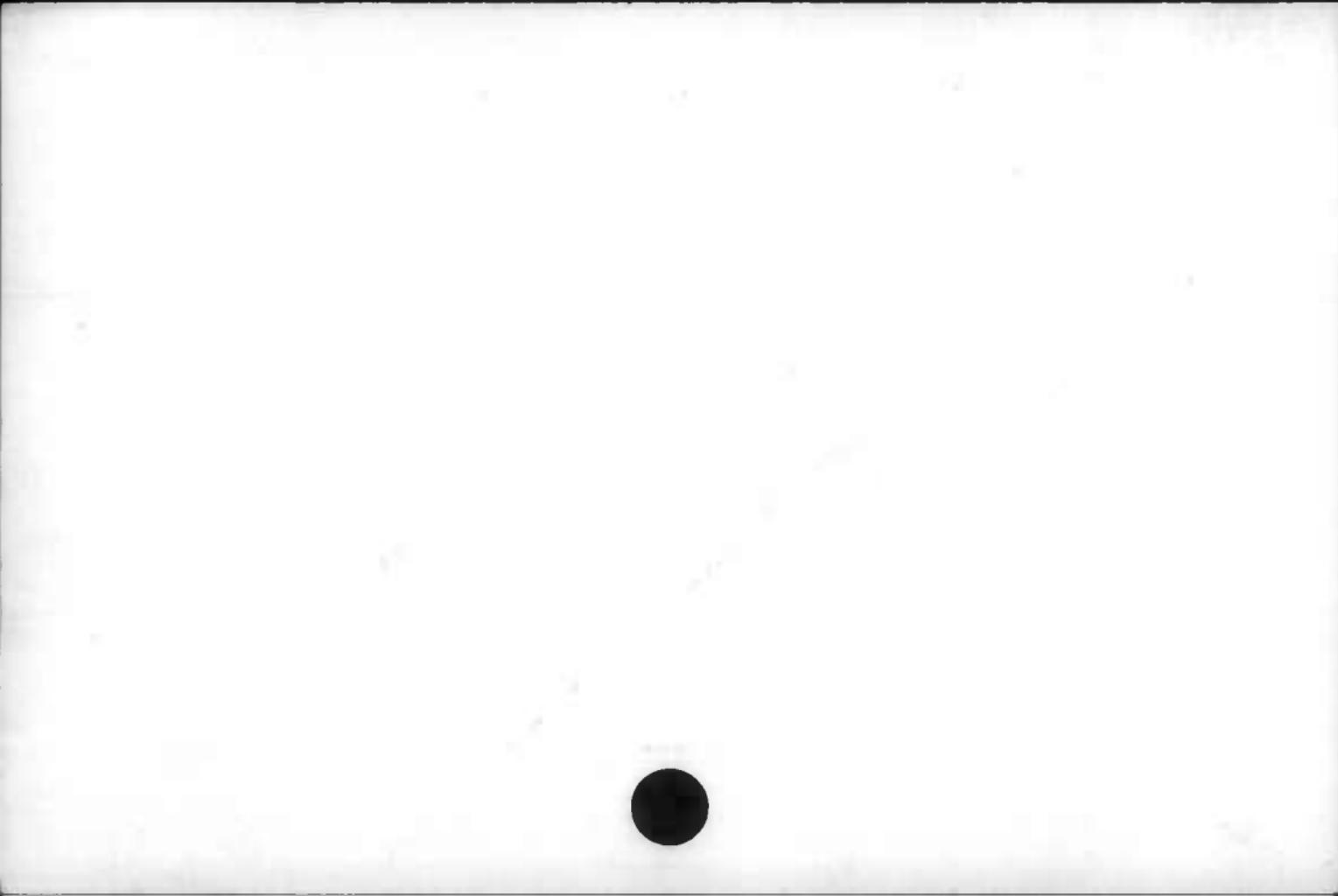
Signature of
Physician

Address

E.H. Etchison
Gaithersburg
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

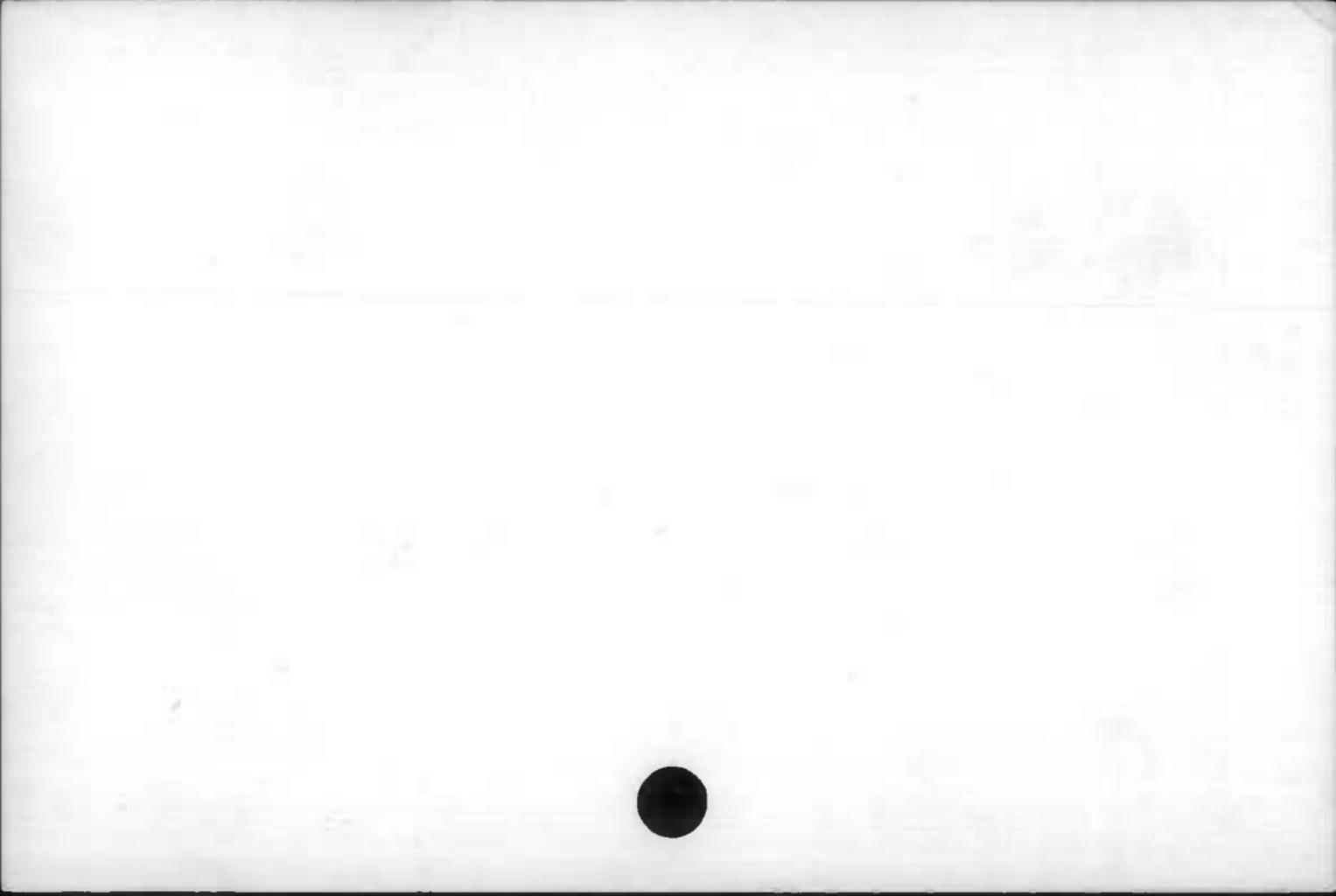
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1930	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	None	Where Rasing if not at place of death			Same	
Married, Single or Widewed	Widower	Name of Wife or Husband				
Father's Name	Austerson				Father's Birthplace	Md
Mother's Maiden Name	Mirandy Blairs				Mother's Birthplace	Md
Name of person giving Information	Wm. J. Vaughan				How related to deceased	Half brother

CAUSES OF DEATH

Primary	Chronic Gastritis		onset
Immediate	Cachexia of the Liver		months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician
			Address
Accident or Suicide	CO	113	✓

PHYSICIAN
OR CORONER



Name
in
Full

James Samuel Magnuden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Laytonsville	Montgomery			
Date of death	1950	Month Jan	Dey 24	Years Age 78	Months	Deys
Sex	Male	Color or Race	white	Birth-place	Montgomery Co	
Occupation	Grocer	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband		—		
Father's Name	James Magnuden	Father's Birthplace		Montgomery Co		
Mother's Maiden Name	Elizabeth Riggs	Mother's Birthplace		" "		
Name of person giving Information	Laura Griffith	How related to deceased.		Niece		

CAUSES OF DEATH

66

How long

five days

Primary

Hemiplegia

Immediate

Heart Failure

How long

3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

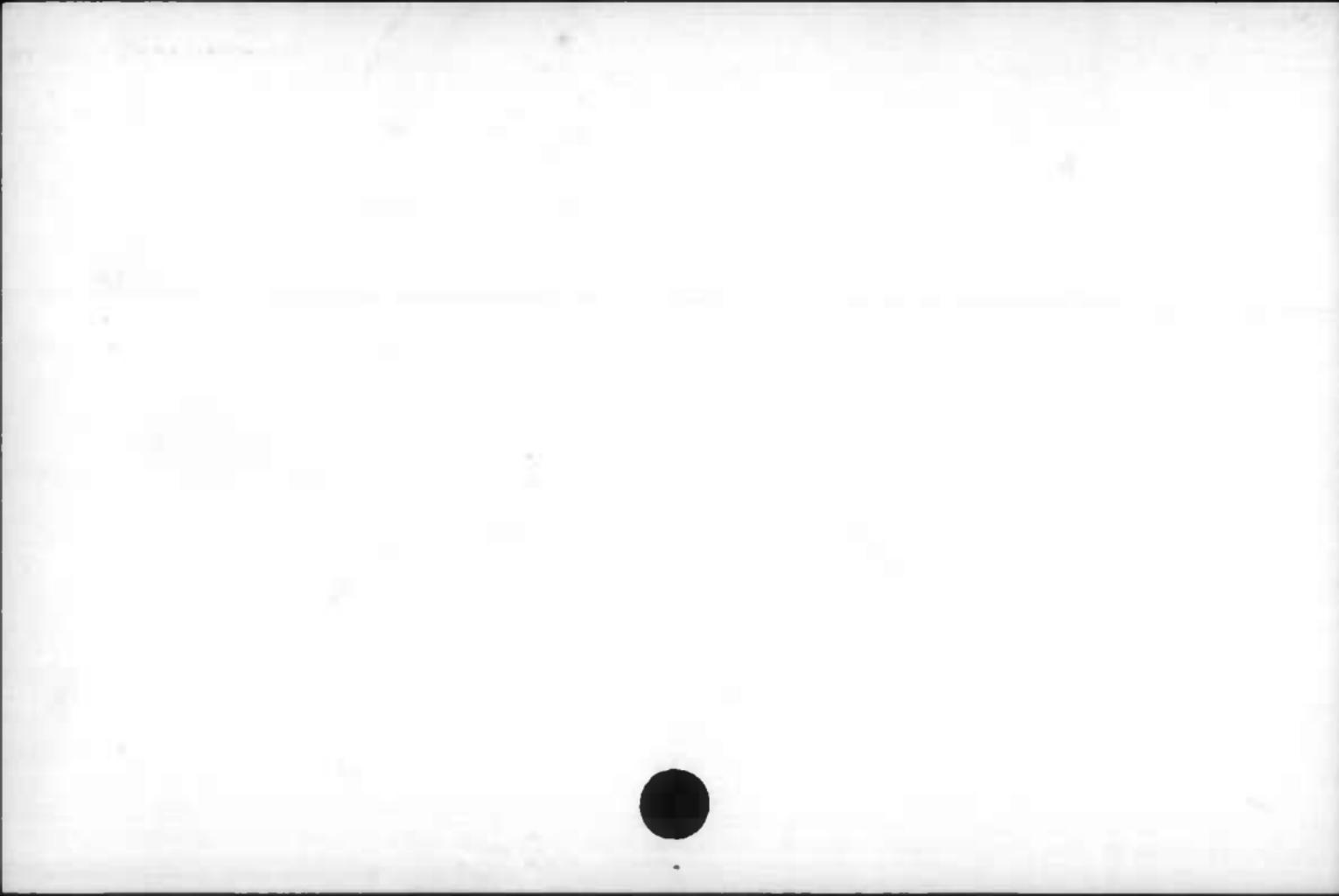
Address

Vernon H. Dyson

Laytonsville

Montgomery Co.

Accident or Suicide



Name
in
Full

Maria Meagley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 19		Month	Day	Years	Months	Days
90 June		18	Age	82	—	—
Sex	Female	Color or Rsc	White	Birthplace	Baltimore	
Occupation	None	Where Residing if not at place of death Cherry Chase Rd				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Meagley					
Mother's Maiden Name						
Name of person giving Information	Joseph Gowler					
CAUSES OF DEATH						
Primary	Hysteria sclerotic					
Immediate	Acute Cardiac Dilatation					
How long 10 yrs						
How long 1 week						
79						

PHYSICIAN
OR CORONER

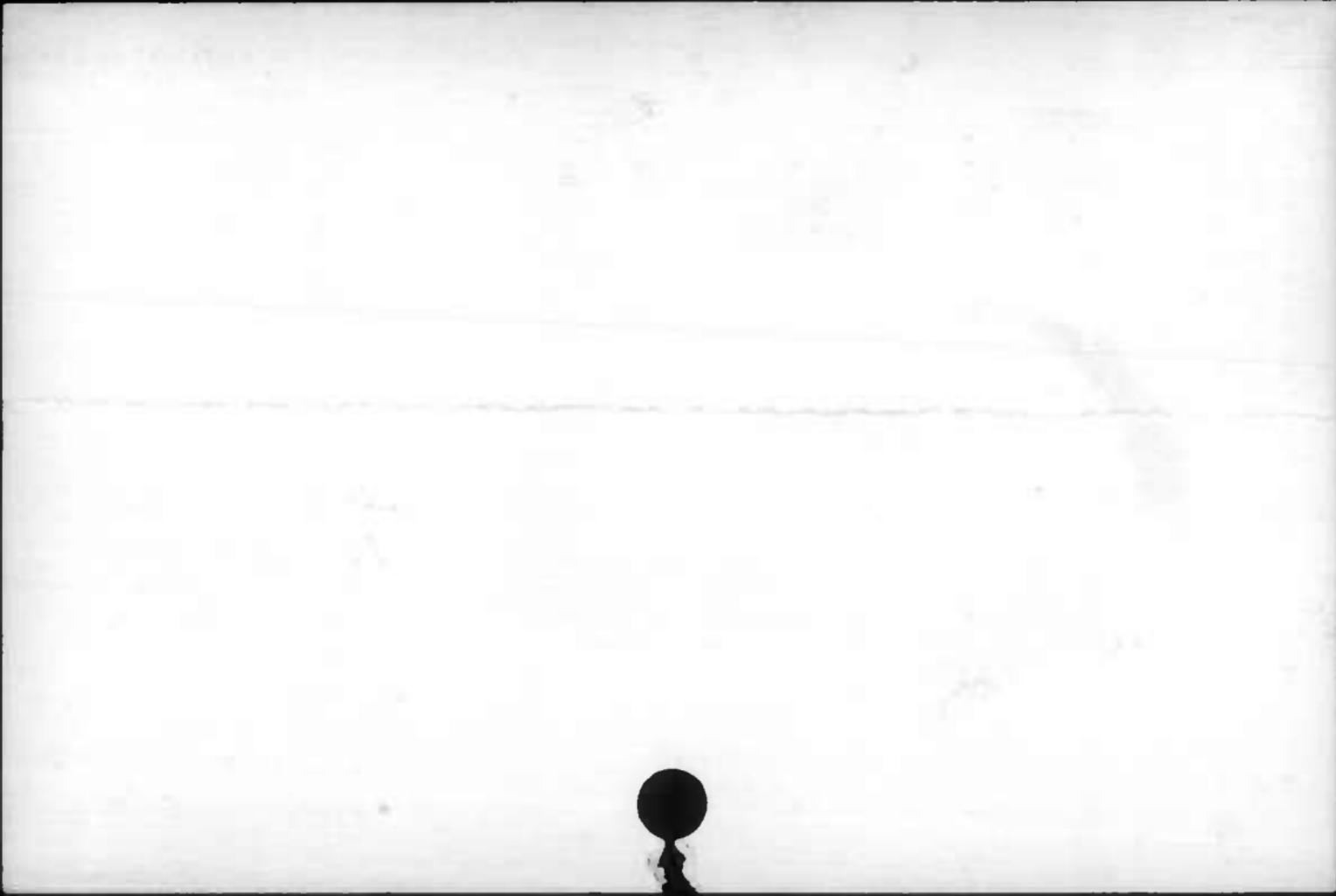
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James G. McRae
Ward Dr.
James D. Morgan
Deputy Health Officer
Cherry Chase Rd

Accident or Suicide



Name
in
Full

Mrs. Mary Niccey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Macbride	Keaulegany			
Date of death 190	Month Jan	Day 31	Years 82-	Month 6	Days -
Sex Female	Color or Race white	Birth-place Unknown			
Occupation Housewife	Where Residing if not at place of death Unknown				
Married, Single or Widowed	Name of Wife or Husband Unknown				
Father's Name	Unknown	Father's Birthplace Unknown			
Mother's Maiden Name	Unknown	Mother's Birthplace Unknown			
Name of person giving Information	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Scenes of old age

154

How long

Immediate

Ex hanc tunc

How long

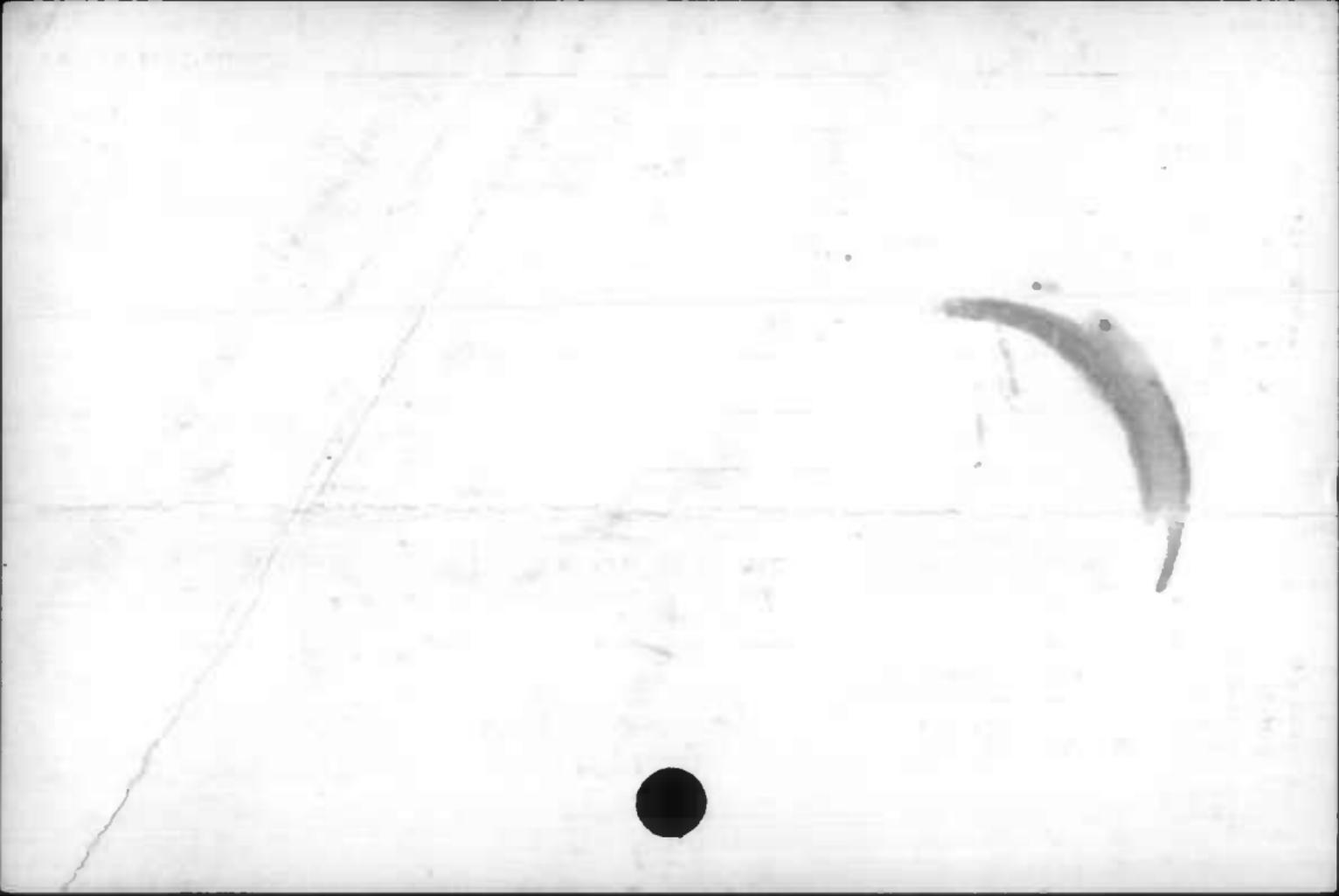
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. M. Lanthier
Rockville
Md.

8
Accident or Suicide



Name
in
Full

Bernard Monday, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1940	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Ella Long			
Father's Name	Bernard Monday					
Mother's Maiden Name	Mary Ogle Evans					
Name of person giving Information	Bernard Monday					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Hepatitis
and Chronic Parenchymatous Hepatitis

Immediate

Murine

Are the name, age, sex, color, date
and place correctly given above?



Accident or Suicide

Signature of Physician

Address

George E. Lewis, M.D.
Rockville, Md.

120

How long

14 months

How long

24 hrs.

Name
in
Full

Frank J. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Spencerville County Montg
Died at Month Day Years Months Days
Date of death 1910 Jan 8 Age 68
Sex male Color or Race white
Occupation Farmer Where Residing if not at place of death Spencerville
Married, Single or Widowed Name of Wife or Husband Rachel Anderson
Father's Name Rubin Murphy Father's Birthplace Md
Mother's Maiden Name Kitty Thompson Mother's Birthplace Md
Name of person giving Information Alister Murphy How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Anæmia Thorac

81

How long

2 weeks

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

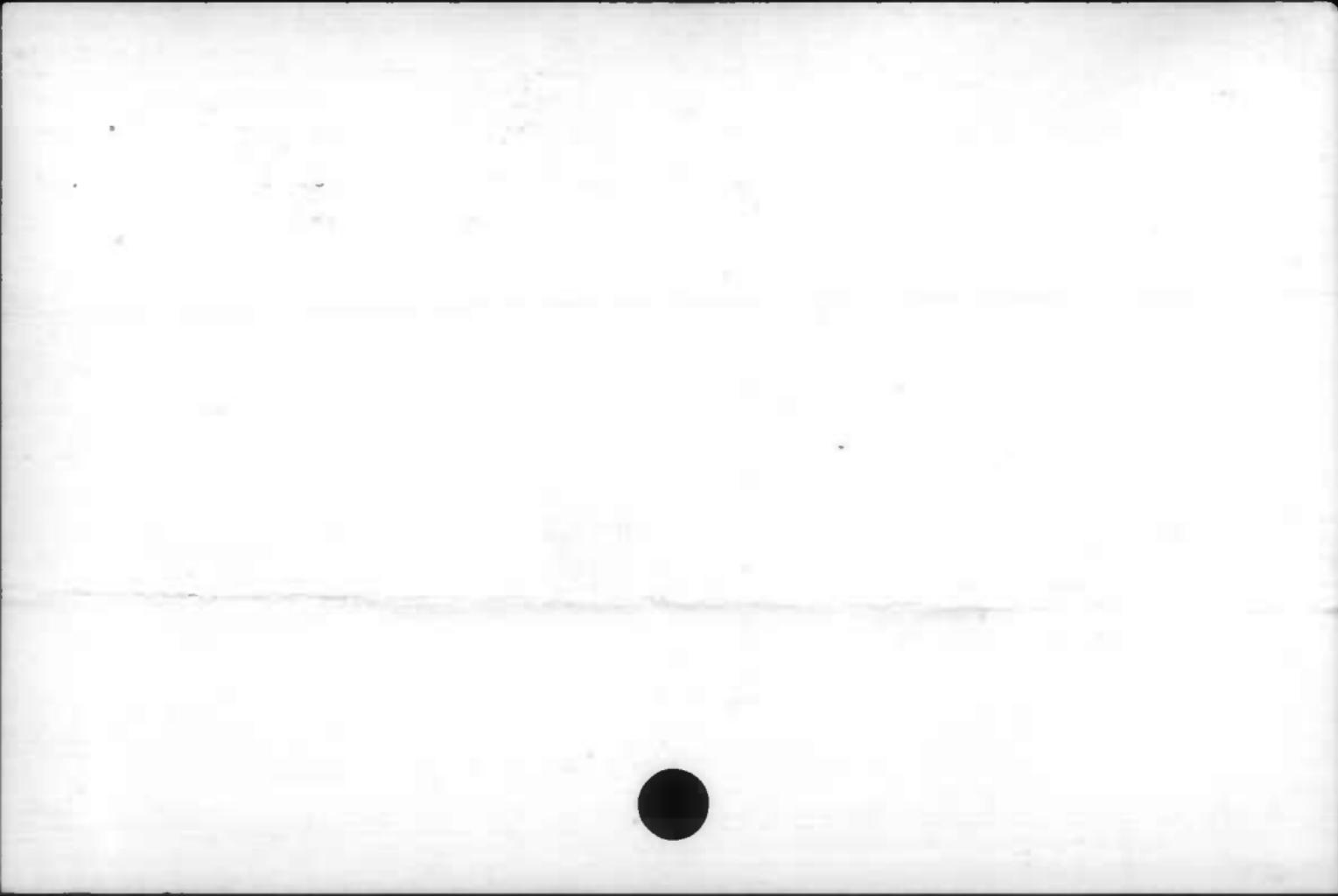
yes

Signature of
Physician

Address

J. R. Badson
Spencerville

Y
Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margarett Tedoskie Murry

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Month

Day

Years

Months

Days

Date

of death

1950

/

26

Age

9

Sex

Female

Color or
Race

Colored

Birth-
place

Mad

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Columbus Murry

Father's
Birthplace

Mad

Mother's
Maiden Name

Hattie Standard

Mother's
Birthplace

Name of person giving
Information

Columbus Murry

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 days

Immediate

Exhaustion

How long

1 Day

Are the name, age, sex, color, date
and place correctly given above?

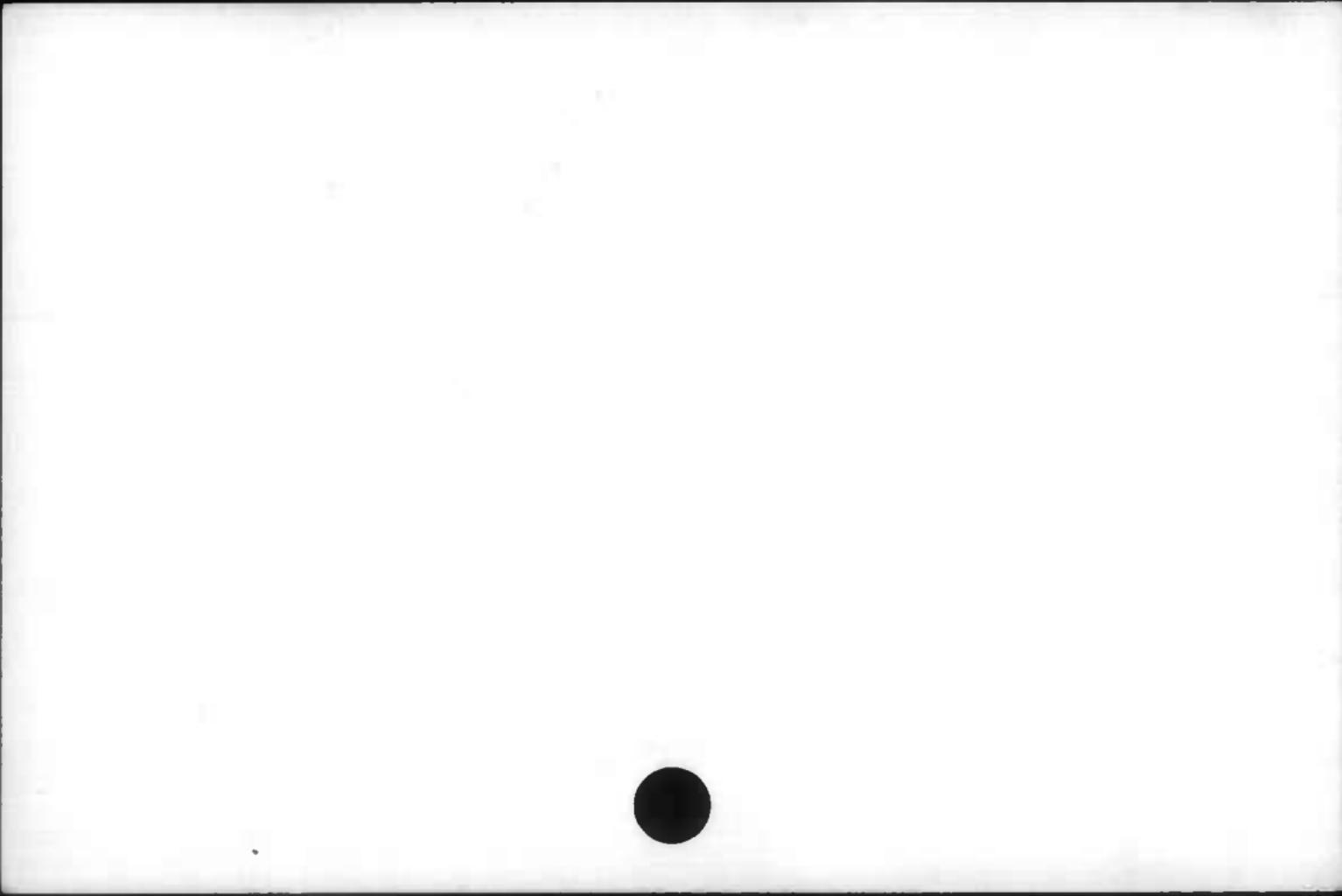
yes

Signature of
Physician

Address

E. G. Etchison
Gaithersburg
Md

Accident or Suicide



Name
in
Full

John Willis Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sandy Spring Md. Montgomery County MARYLAND
Town Month Day Year Month Days
Date of death 1900 1 22 01 Age 23 4 0.

Sex Male Color or Race Black Birth-place Ashton Md.

Occupation Miner Where Residing if not at place of death Baltimore Md.

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Thomas H. Nelson Father's Birthplace Ashton Md.

Mother's Maiden Name Rebecca Hayfield Mother's Birthplace Ashton Md.

Name of person giving Information

How related to deceased

28

L

How long 6 mos.

How long 10 days.

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

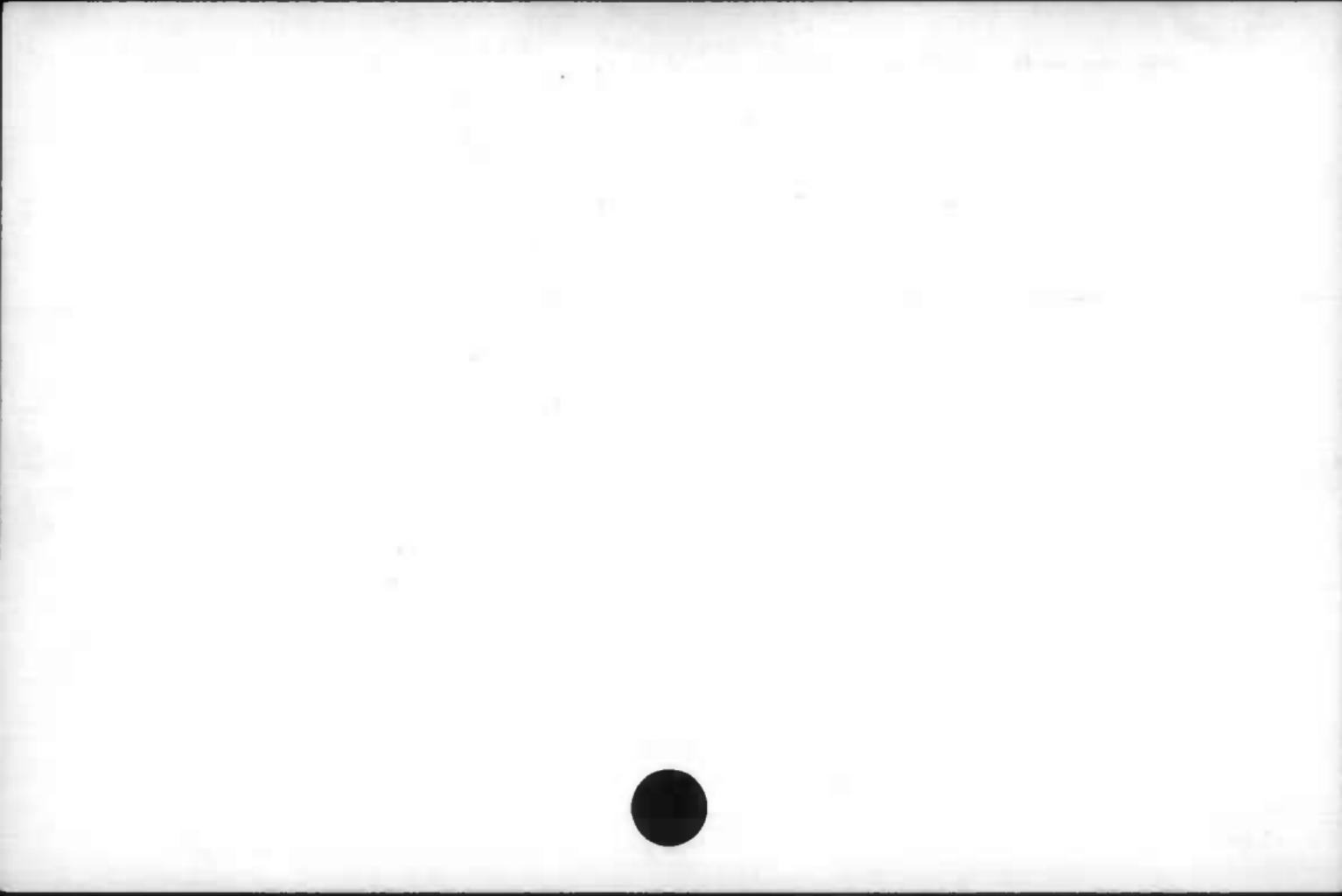
Yes

Signature of Physician

Address

J. W. Bird M.D.
Sandy Spring Md.

Accident or Suicide



Name
in
Full

Welford Bratton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Laytonsville	Montgomery			
Date of death	1910	Month	Day	Years	Month	Days
Date of death	1910	Jan	5	1	1	25
Sex	Male	Color or Race	Colored	Birthplace	Montgomery Co	
Occupation	—	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	Howard Bratton					Father's Birthplace
Mother's Maiden Name	Rosie Lancaster					Mother's Birthplace
Name of person giving Information	Howard Bratton					How related to deceased

CAUSES OF DEATH

91

How long

4 weeks

How long

12 hours

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

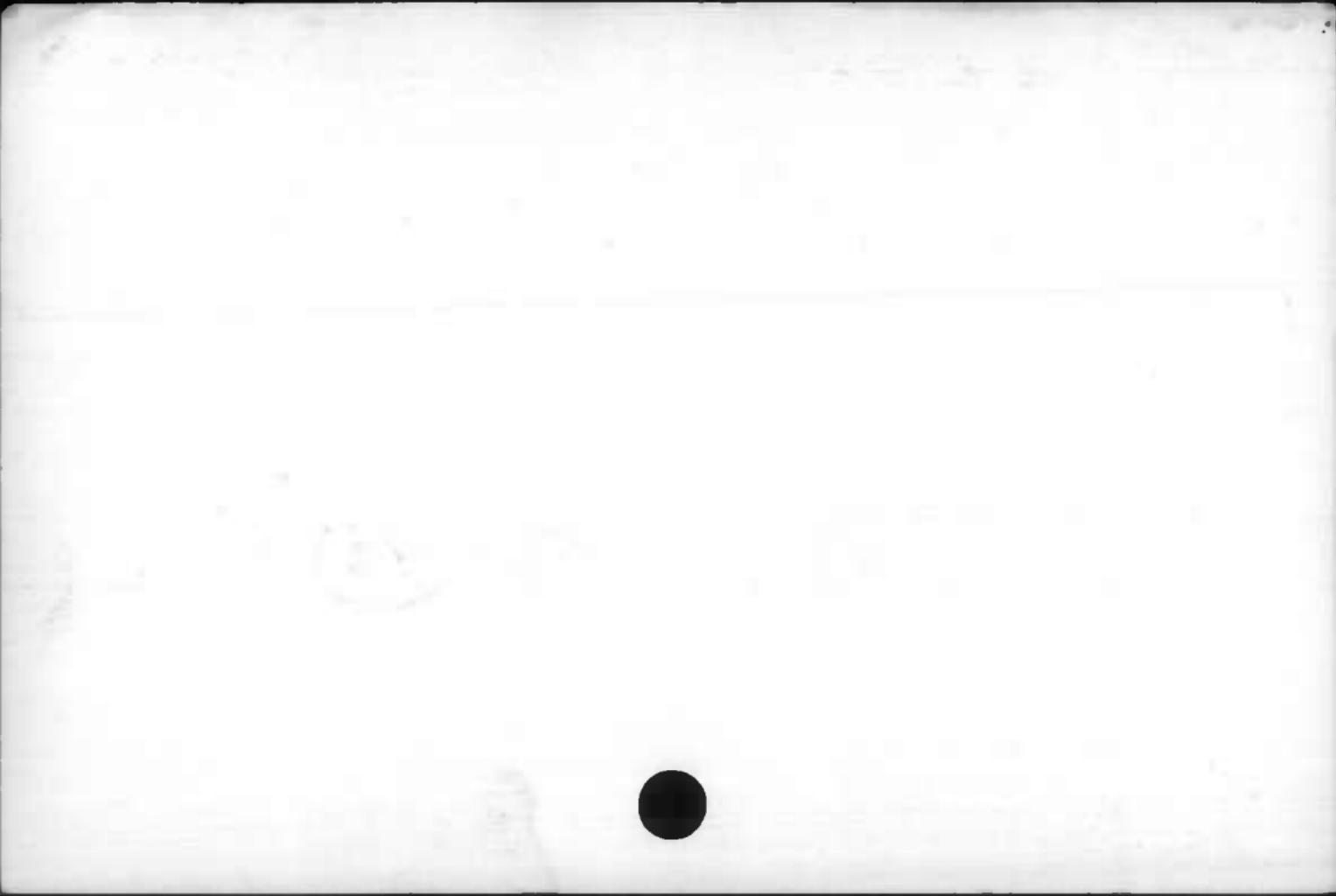
Signature of Physician

Address

W.H. Dyson

Laytonsville Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward. & Bauschert

CERTIFICATE OF DEATH

MARYLAND

Died at Washington Grove County

Date of death 1900 Month 11 Day 16 Age 49 Month 3 Days 6

Sex Male
Occupation Machinist

Color or Race

White

Birth-
place

Ia.

Where Residing if not
at place of death

Newport News

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edward

Father's
Birthplace

Prussia

Mother's
Maiden Name

Anna Weiss

Mother's
Birthplace

Bavaria

Name of person giving
Information

Flora C. Lash

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

28

✓

many months

Immediate

Pulmonary Tuberculosis

How long

Many months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John H. Lindsay

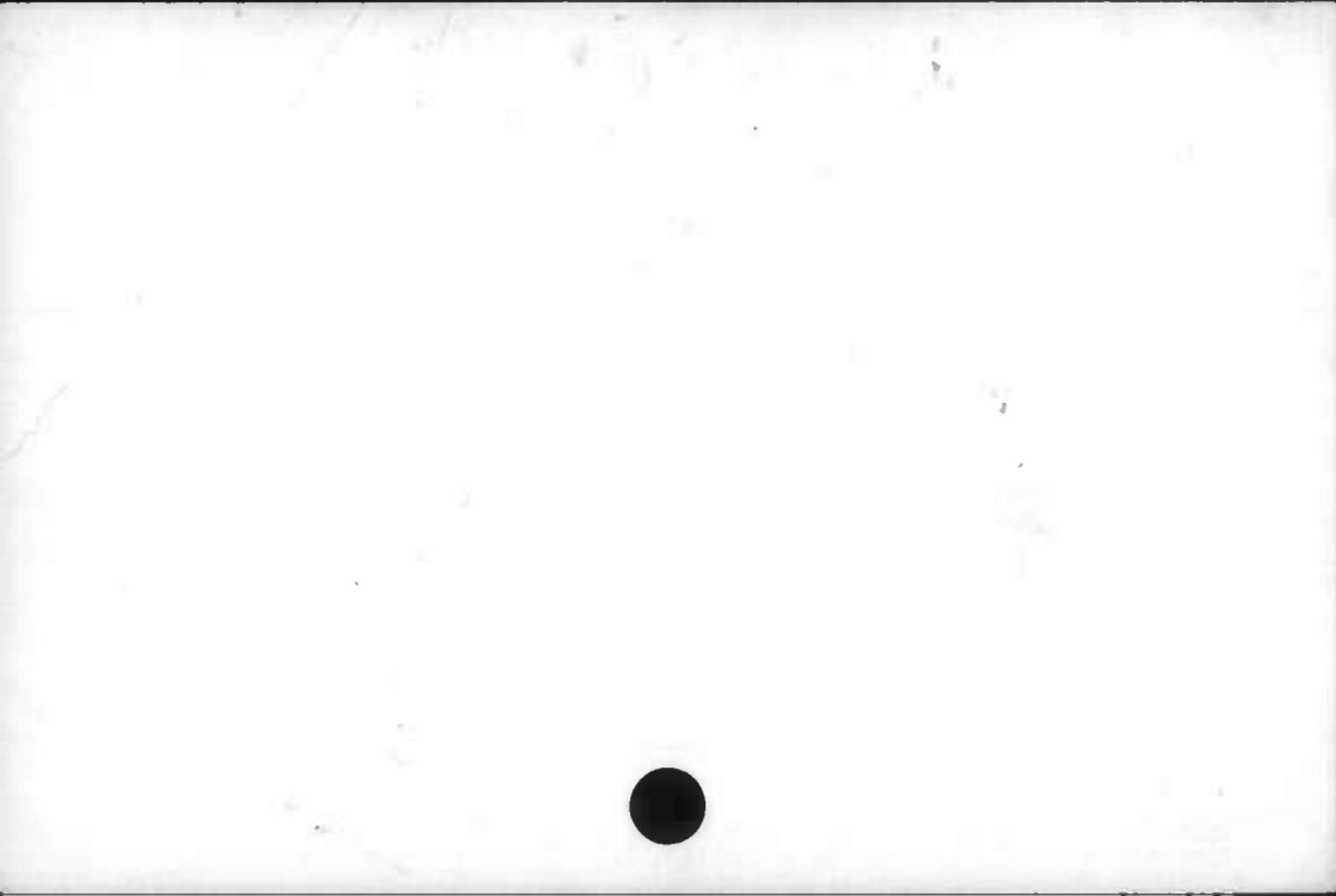
Stewart Shatto

Washington Grove, Md.

apparently

No

Accident or Suicide



Name
in
Full

Mary E. Roger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rockville		County Montgomery		MARYLAND		
Date of death 1960	Month 1	Day 11	Age 76	Years 76	Months 2	Days —
Sex Female	Color or Race White	Birth-place Maryland				
Occupation Housewife	Where Residing if not at place of death X					
Married, Single or Widowed Married	Name of Wife or Husband Charles B. Roger	Father's Birthplace Maryland				
Father's Name James W. Anderson	Mother's Birthplace Virginia					
Mother's Maiden Name Mary Minor	How related to deceased Sister					
Name of person giving information Frances D. Roger						

CAUSES OF DEATH

154

How long

One year

How long

Two weeks

PHYSICIAN
OR CORONER

Primary

General Debility

Immediate

Ophagution

Are the name, age, sex, color, date and place correctly given above?

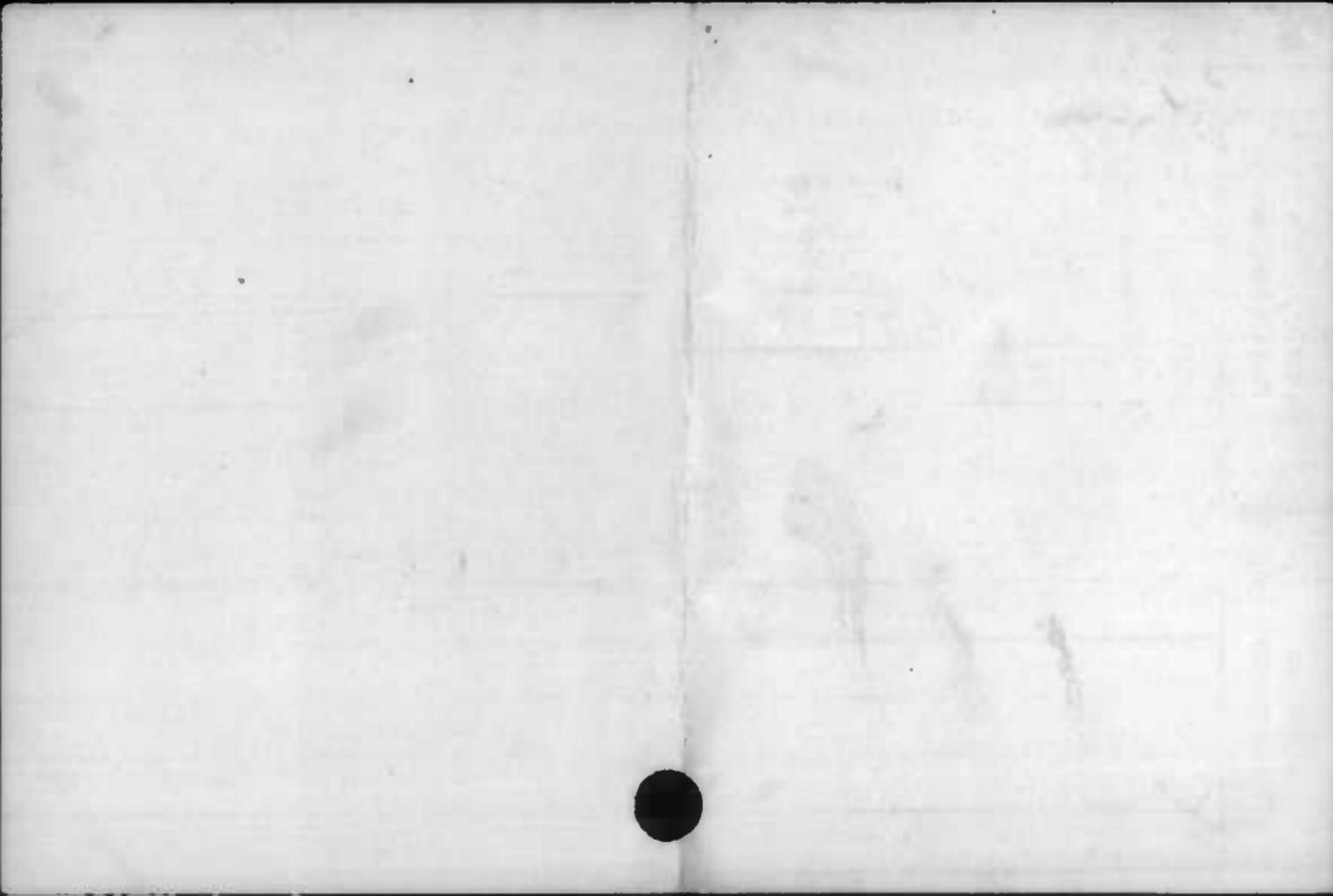
X

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



Name
in
Full

William J. Shuckells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Damascus Town Montgomery County MARYLAND
Date of death 1901 Month Jan. Day 31 Years 70 Months — Days —
Sex Male Color or Rece White Birth-place Mar
Occupation Blacksmith Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Rachel A. Shuckells
Father's Name Richard Shuckells Father's Birthplace Mar
Mother's Maiden Name Julia Heilton Mother's Birthplace Mar
Name of person giving Information Regin E. Shuckells How related to deceased Son

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

4 days

Immediate

Exhaustion

How long

6 hrs

Are the name, age, sex, color, date and place correctly given above?

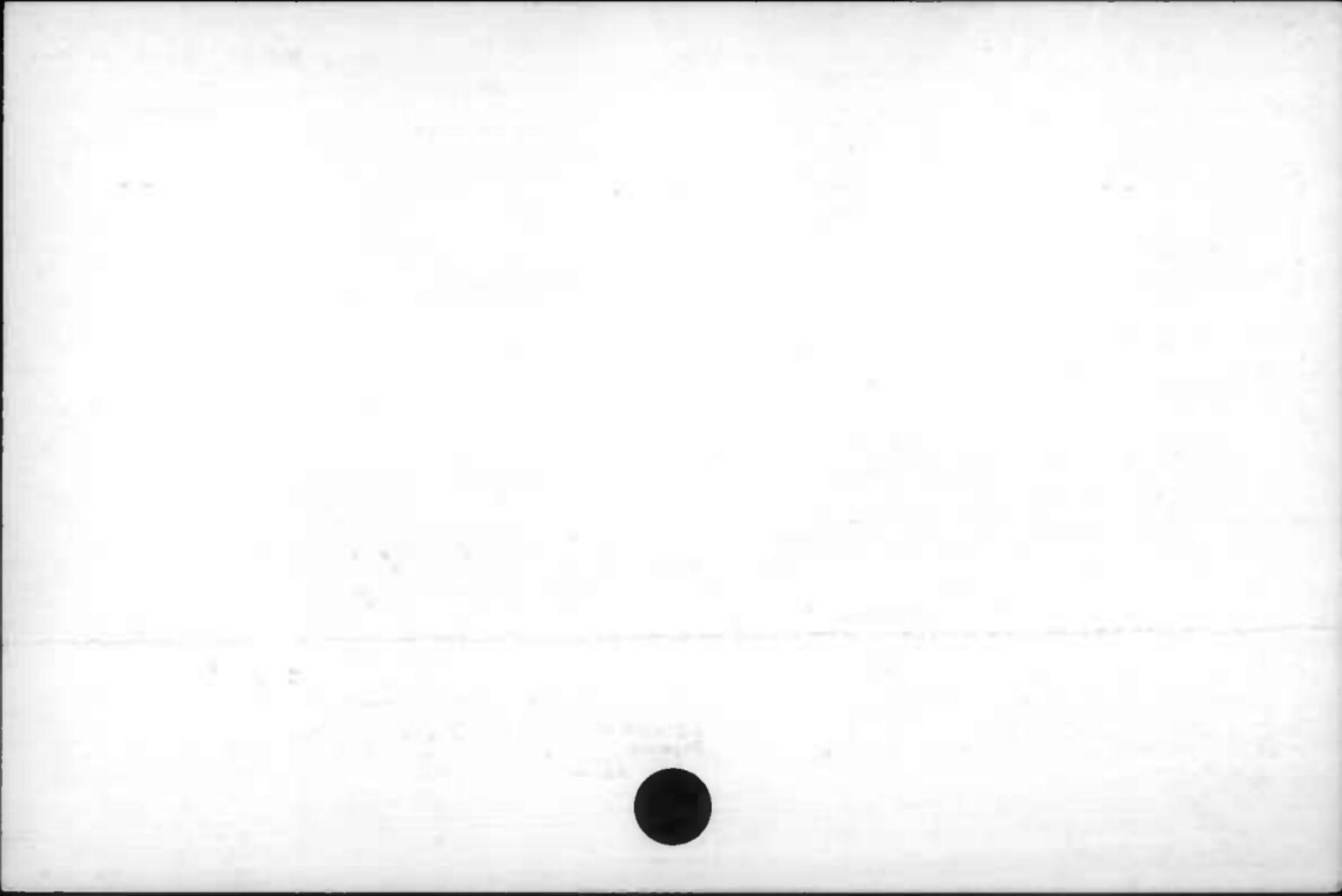
Signature of
Physician

Address

P.6 Front 715
Kempston
Md.

J

Accident or Suicide



Name
in
Full

Philip Stephenson
Town Parkersburg
Died at County Monongalia
Date of death 1960 Month 1 Day 14 Age 72 Years

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Months

Days

Sex Male
Occupation Labor

Color or
Race Colored

Birth-
place Md

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife or
Husband Lucy Stephenson

Father's
Birthplace

Father's
Name Philip Stephenson

Birthplace

Mother's
Maiden Name Mary McAfee

Mother's
Birthplace

Name of person giving
Information Lucy Stephenson

How related
to deceased

Primary

CAUSES OF DEATH

92

How long

Immediate

10 Days

Are the name, age, sex, color, date
and place correctly given above?

Pneumonia

3 Day

Exhaustion

E. C. Etchison
Gardnersburg
Md

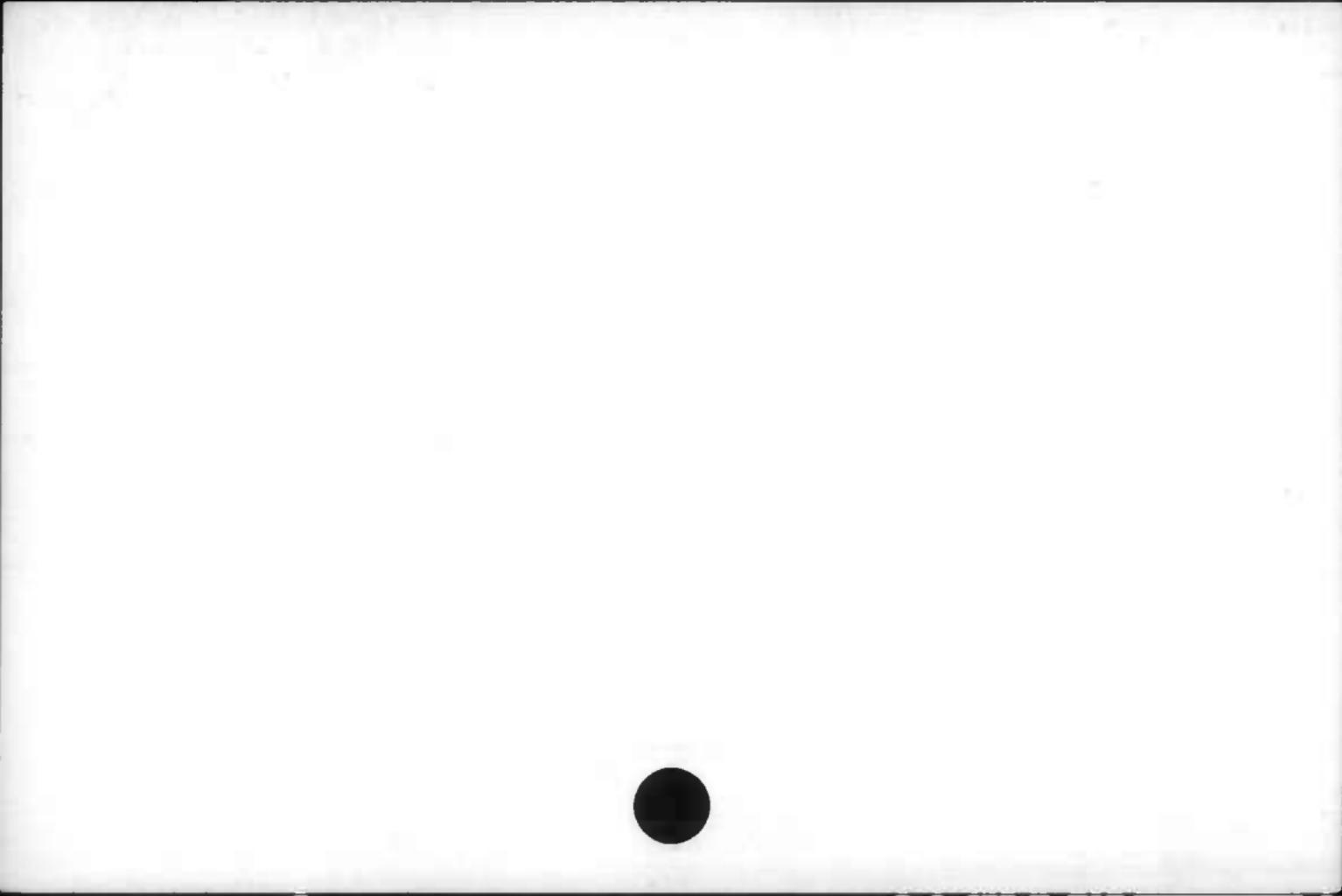
Signature of
Physician

Address

PHYSICIAN
OR CORONER



Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Robert Peirce

CERTIFICATE OF DEATH

Died at <u>Near Rockville</u>		Town	County		MARYLAND	
Date of death <u>1900</u>	Month <u>1</u>	Day <u>28</u>	Years <u>60</u>	Age <u>60</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Where Residing if not at place of death <u>X</u>		Birthplace <u>Maryland</u>		
Occupation <u>Labores</u>	Name of Wife or Husband <u>Van Baker</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Van Baker</u>		Father's Name <u>Unknown</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Martha Hall</u>			How related to deceased <u>Not at all</u>			

CAUSES OF DEATH

120

✓

Primary	<u>Chronic Nephritis</u>	How long	<u>Three years</u>
Immediate	<u>Paralysis</u>	How long	<u>Three months</u>

Are the name, age, sex, color, date and place correctly given above?

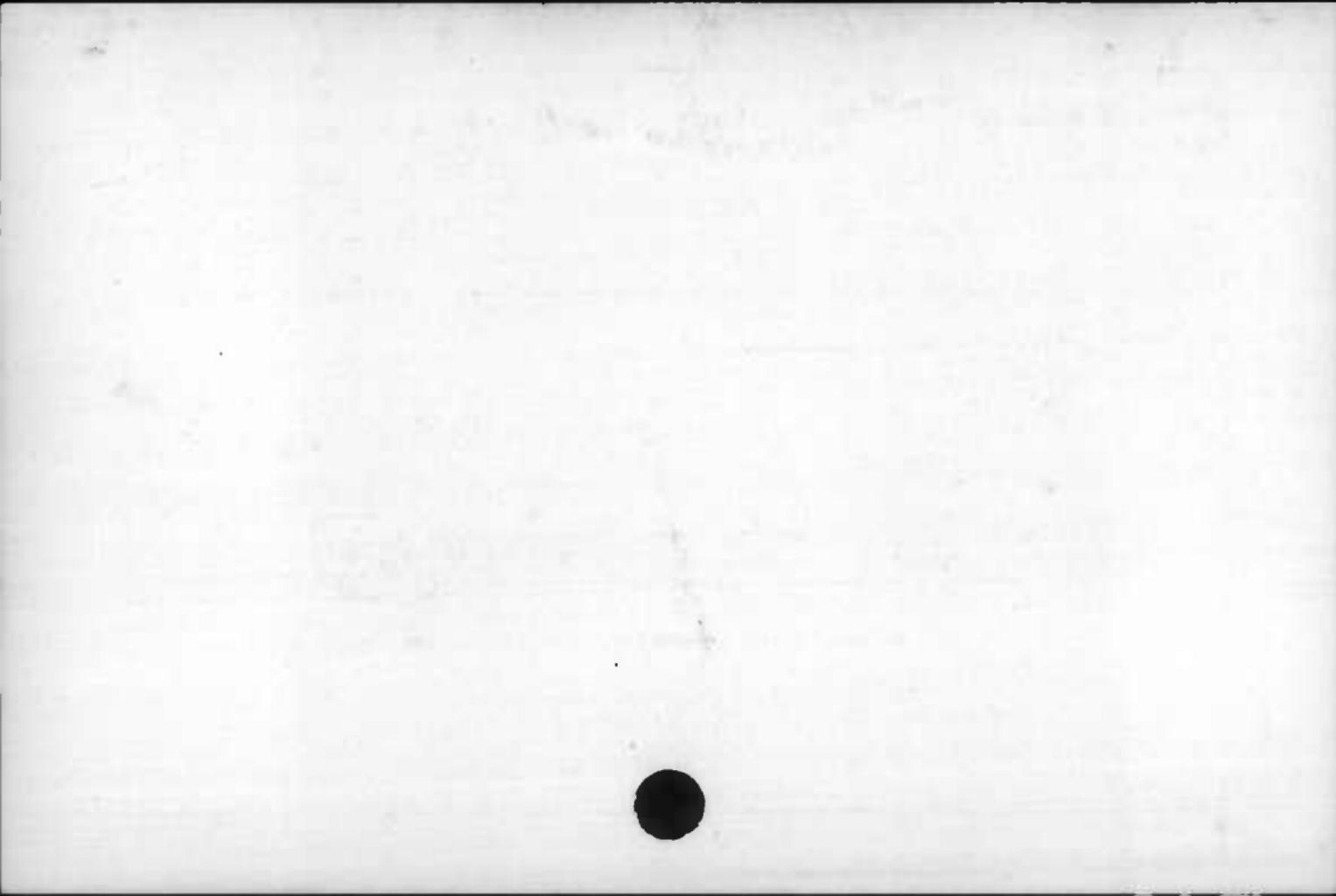
Yes

Signature of Physician

Edward Anderson M.D.
Rockville, Md.

Address

Accident or Suicide?



Name
in
Full

Robert Edward Whittemore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Washington Grove		Montgomery		Months 7 Days 1	
Date of death 190	Month January	Day 2	Age 38	Birth-place Norfolk, Va	
Sex Male	Color or Race W	Where Residing if not at place of death Norfolk			
Occupation Wall paper business					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Park E. Whittemore				Father's Birthplace Ireland	
Mother's Maiden Name Elizabeth May				Mother's Birthplace	England
Name of person giving Information Joseph. F. Whittemore				How related to deceased	Brother

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

Immediate

Uraemia

Are the name, age, sex, color, date and place correctly given above?

approximately

Signature of Physician

Address

John J. Lindsey

Washington Grove,

Maryland.

Accident or Suicide

No

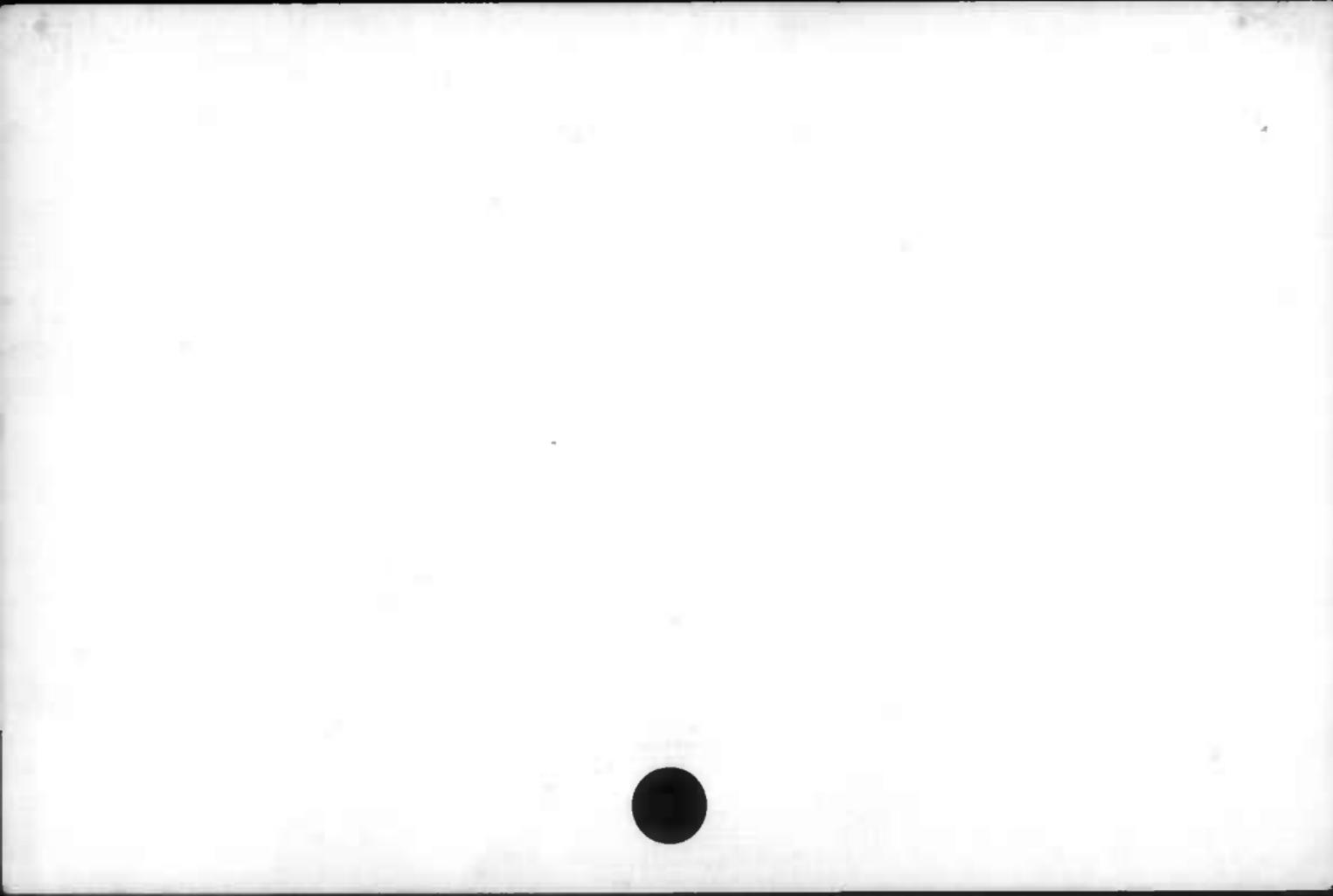
28

How long

many months

How long

few days



Name
in
Full

Cornelious Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gaithersburg Town Mary County
Date of death 1900 Month 1 Day 27 Year 7 Age 7 Months — Days —
Sex Male Color or Race Colored Birth-place Md
Occupation — Where Residing if not
at place of death —

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Cornelious Wilson

Father's
Birthplace

Md

Mother's
Maiden Name

Passie Miles

Mother's
Birthplace

Md

Name of person giving
Information

James Miles

How related
to deceased

Gr. Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 Week

Immediate

Exhaustion

How long

1 Day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. C. Hutchinson

Gaithersburg Md

PHYSICIAN
OR CORONER

Accident or Suicide

